

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### RECORD KEEPING

Among the many important things that have come to light as a result of state registration and inspection is the fact that too many training-schools have been negligent in regard to keeping a record of their pupils; a number of schools that we know about having not even the names of the women who have been given diplomas. These have been unable, when one of their graduates made application for registration, to offer any information as to the character of her work or conduct during her period of training, or to give the date of her graduation. When schools show such a lack of responsibility for their pupils, how can the graduates be expected to come forth with any fitting sense of obligation to their profession or to the public?

Members of boards of nurse examiners have, in a number of cases, been greatly hampered by this lack of definite information which the training-schools should have been able to furnish. Another trouble arises from the fact that where records are conscientiously kept, too much attention is centered upon the moving of a nurse from one ward to another and not enough is given to the character of her work. The "remarks" of a pupil's record are as important as those of a patient's, and both are too much neglected. The record of a pupil in training should be a fund of such information as will be required later by the secretary of a directory for nurses when it is necessary that she should know the varying qualifications of the nurses on her list, and their suitability for various kinds of work.

In order to supply these demands, the school records should show: First, what sort of practical training the nurse has received, in how

many departments of the hospital she has worked, the length of her stay in each, her positions of responsibility as night nurse, surgical nurse, or head nurse; second, what her theoretical training has been, what classes she has attended, what lectures she has heard and what her marks have been for each; third, the record should show, not in a few words at the end, but all the way along and in detail, the character of her work in each service, whether good, indifferent, or bad, what her bearing is to her patients, her teachers, her fellow-workers, where she shows special adaptability and where she seems lacking, where a reprimand has been given and its cause; fourth, the record should keep an account of absences from duty and time to be made up.

It is evident that there should be a general reform in record keeping and there is no better time than the present, when the subject is before us, to begin a more uniform system which will not only be an aid in looking back for facts in a pupil's career, but which will give the superintendent of a school a clearer view of her own nurses while they are with her, and which may even afford the nurses themselves a juster superintendent of a school a clearer view of her own nurses while they should be able to view the field and assign work which is due, or fill out some deficiency, better than if she trusts to her memory. When a school changes superintendents, what a help it is all round if the new head can find waiting for her a full and clear account of the training up to date of the nurses committed to her care.

Last year, an outline of a form for record keeping was made out by one of our staff, after a comparison of many records of the representative schools. This is now published in the *JOURNAL*, not as a model record, but as an inviting peg upon which comments and criticisms may be hung, in the hope that after a full discussion by those interested, an amended form may be evolved good enough to warrant its being published by the *JOURNAL*, either in book form, or on cards for a file, where such a form is preferred.

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#### THE SUPERINTENDENTS' MEETING

As it was not our privilege to attend the superintendents' meeting this year, we are not able to give a detailed report of the proceedings, but from all accounts received it was largely attended and was most interesting, both professionally and socially. As the proceedings are to be published in the July number of the *JOURNAL* we are not holding back these pages for the secretary's report.

## THE ASSOCIATED ALUMNÆ

THE tenth annual convention <sup>Richmond Va. May 14-18-16</sup> stands out clearly before all preceding meetings for the definite conclusions reached on important subjects. The growth in confidence, harmony, and poise of the members was more clearly discernible in this meeting than ever before. Not only did the members discuss important subjects but they were ready to act upon them without hesitation. It is impossible in the short time and space at our disposal to touch upon all the subjects that were brought before the convention but we mention those that seem most vital at this time.

The subject of the endowment of the chair at Teachers' College was most ably championed by Miss Nevins of the Garfield Hospital, secretary of the American Society of Superintendents of Training-schools. A most enthusiastic discussion resulted in pledges from the delegates of contributions amounting to more than four thousand dollars which will undoubtedly be increased after the delegates have laid the matter before their local associations. This, added to the amount pledged at the superintendents' meeting at Philadelphia the previous week, brings the total from these two meetings to between six and seven thousand dollars. While the money is, of course, very important, the broader interest and growing enthusiasm of the members gives assurance of the ultimate success of the endowment of the chair at Columbia. The fact that Miss Nutting is to have, in a general way, supervision of this course after the autumn has added very greatly to the general interest shown by the members.

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THE ACTION OF THE NATIONAL SOCIETIES ON THE  
THREE YEARS' COURSE

At the meeting of the American Society of Superintendents of Training-schools, which held its annual meeting in Philadelphia on May 8, 9, and 10, a resolution was passed in approval of the three years' course of training for nurses and in condemnation of the return to the two years' course. At the meeting of the Associated Alumnae at Richmond, May 14, 15, and 16, a resolution which was to have been presented was overlooked in the pressure of business of the last session. This oversight was corrected before the members separated, and at the request of the president, Miss Damer, the members were called to the deck of the steamer as it approached Jamestown Island, and a resolution, presented by Miss McMillan of Chicago, and seconded by Miss Alline of New York, endorsing the three years' course with shorter hours, and disapproving

a return to the two years' course, was unanimously carried. This action led to much controversy among the members in groups in regard to the long hours both in hospital and private duty and some of the suggestions we overheard lead us to believe that the next great concerted action for nurses of the whole country must be along the lines of shorter hours for all hospitals conducting training-schools. If women in factories and sweat-shops are worthy to be protected by law from the abuse of overwork, certainly the nurses in our great eleemosynary institutions are entitled to the same consideration. We have waited in vain for the universal adoption of the eight hour system by the boards of managers who control these institutions, and we believe that public sentiment must be brought to bear upon this vital question.

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#### TO ASK FOR REPRESENTATION

MISS DAMER, the president, in her annual address, advocated representation from alumnae associations on the boards of managers of training-schools. Acting upon this suggestion, a motion was introduced and unanimously carried that the affiliated societies should, either by conference or by letter, as might seem in each case more advisable, ask for representation on the boards of their schools. In this, the nurses are only asking for what should have been offered to them, as there are very few educational institutions which exclude entirely graduates of the institution from the management. If there is to be harmony and coöperation in the future between the nurses and the training-schools, a voice in the management of the schools becomes essential. We hope every alumnae will act promptly at its first fall meeting, bearing in mind that such action must be in the form of a most courteous request and not a demand, and although success may not come with the first effort, we believe that it will in time if the matter is properly managed. To some boards this request will come with something of a shock and may seem almost an impertinence.

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#### FALSIFYING OF RECORDS

ONE of the most animated and interesting discussions which took place and in which the private duty nurses were especially interested, was that brought out by a question from the question box: "Who owns the chart,—the doctor, the nurse, or the family?" It was shown that in a number of legal contests the decision of the court has given the chart to the family, and instances were cited where, in a murder case and in



a division of property, the verdict was rendered by the evidence contained in a nurse's record.

The discussion brought to light the fact that on account of the curiosity of the family during the progress of the patient's illness, false records are frequently made, the interpretation of which are understood only by the doctor and the nurse. If these charts are recognized legally as being of such importance, it becomes doubly necessary that they should be accurate. It is degrading to both physician and nurse to have such records made, and it would be humiliating to have them produced in court and not to be able to swear to their accuracy. Further, it is lowering to the moral status of the woman to lend herself to such deception. It is within the province of the physician to forbid the family to read the record while the case is in progress, and we believe that if both he and the nurse would exercise proper tact and judgment stooping to such deception could be avoided.

We believe the occasions are rare where either a physician or a nurse is justified in deliberate misrepresentation of the truth in dealing with their patients or with the members of their families. We are still of the opinion that professionally the chart belongs to the physician and that on the termination of a case he should decide what should be done with it. The growing custom of a nurse's keeping her records in a bound book and carrying them from one case to another seems to us most undesirable, especially if these record books are accessible to any members of a family, nor do we think it ethical for physicians to scrutinize the history sheets of their brother practitioners as we know they do upon occasions.

Another question which arose during the discussion was that of the disposal of the record when either the nurse or the physician or both are discharged from a case. One speaker cited an instance of being called to a very sick patient where both she and the doctor worked in the dark at first, as the record had been carried off by the former attendants. This might be a menace to life, and it would seem the only justification of the decision of a court that the chart belongs to the family. Common professional courtesy from one physician and nurse to another would demand that when leaving a patient before the case has terminated the chart should be left.

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#### ALMS HOUSE NURSING

Mrs. Caroline Bartlett Crane of Michigan, who is devoting herself to the cause of obtaining better care for the aged and sick poor in almshouses, made a stirring appeal to the members to coöperate with the women's clubs in all of the states for reform along these lines. The

Michigan nurses are already coöperating with the Michigan federation of women's clubs and a full report of the progress which has been made was read by Mrs. Lupinski and will be noted with interest when the proceedings are published in our August number.

All of the subjects which were presented at this meeting were of so important a character that they should be made the basis of the work in state and local associations during the coming year.

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### THE SOCIAL SIDE OF THE CONVENTION

THE entertainments at Richmond were such as could not have been given elsewhere and were of a most enjoyable character. One evening was devoted to a concert given the association by Mr. Polk Miller, who has made a special study of negro melody as he remembers it from his childhood. His talk on this subject, interspersed with quaint anecdotes, was most interesting and unusual, and was illustrated with the music given by his quartette of negroes.

The officials of the society were entertained at the home of Miss Mary Johnston, the authoress, and of her sister, Miss Eloise Johnston, a Richmond nurse, where they had the opportunity of meeting some of the prominent men and women of the city.

The delegates were enabled to visit the old Richmond churches, so full of historic interest, to see work in a tobacco factory and to listen to the singing of the workers, while the crowning event was, of course, the trip down the James River. The forest covered the banks at each side, with an occasional break where a noted plantation appeared, but for miles at a time the woods, filled with azalias, and with cardinals flitting through the tree tops, seemed uninhabited, and we might have been the original explorers. A stop was made at Jamestown Island for an hour, where the mounds of defense thrown up by the early settlers, the old church tower, the original foundation of the church, the absence of present occupation, and the prevailing peace and quiet gave one a deep sense of having gone back to the beginning of things. It was a rare treat. Many of the nurses availed themselves of the opportunity, so thoughtfully arranged for them, of spending a day at the exposition or at some of the interesting places near by. The unfailing courtesy and kindness of the Virginia nurses will remain long in our hearts. Some one was overheard wishing that we might take their gentle southern voices home with us. To entertain so large an assembly was a great undertaking for so small a group of women, and their guests hope that the inspiration left behind may equal that which was carried away.

## A FAIR STATEMENT

In the April number of *The Interstate Medical Journal* is found an editorial on the "Question of a State Law for the Registration of Nurses" in which the writer treats the subject so broadly and fairly that we quote it in full for the encouragement of our readers who have met with defeat in registration through medical opposition. The little Pennsylvania pamphlet referred to in this editorial is, in our opinion, a disgrace to the profession of medicine when we consider the standing of the men whose names are attached to it. It not only misrepresents the truth in regard to state registration and the nursing situation but is undignified and unprofessional in tone and language. It is indeed remarkable that Pennsylvanians should have been obliged to so play to the gallery in order to defeat the efforts of the nurses of the state in their struggle to secure a legal status through state registration. The editorial reads as follows:

"In a most interesting little pamphlet, we note that there is much agitation in Pennsylvania over an act now pending in the legislature which will, if passed, require the registration of nurses. This pamphlet, which is our source of information, has appeared under the auspices of the Interstate Committee on Nursing, which committee has for its object the 'regulation and advancement of nursing, the spreading of correct information regarding the duties and limitations of the nurse, and the proper relations of the nurse to the medical profession and to the community.'

It seems that the title of 'trained nurse' is one that admits of great latitude, so much so, that the class of individuals calling themselves consists of an onslaught upon the trained nurse, and makes a violent appeal against the passage of the law for the registration of nurses, on the ground that it is not only unnecessary but positively harmful.

It seems that the title "trained nurse" is one that admits of great latitude, so much so that the class of individuals calling themselves trained nurses may be said to be made up of women ranging from the intelligent, well-educated woman, with much hospital experience, down to the ignorant, self-complacent individual, who has had years of experience but no definite training. Some of our professional brethren in Pennsylvania seem to regard the trained nurse as an entity, losing sight of this range of personality and acquirements, which in itself presents the chief consideration in the passage of such a law. We do not claim that all intelligent, well-educated and well-trained women are good women, but we are aware of the fact, on the other hand, that all ignorant women are not good women. It is a fallacy to suppose that, because

certain educated nurses are overbearing and require too much waiting upon, these faults result from their training. It is equally fallacious to reason that, because a woman is ignorant and unofficious she is a good nurse and will obey the physicians' orders when left with the patient.

Undoubtedly, since the systematized training of women to become nurses began, the care of the sick and injured has been improved by myriads of details, of which the masculine mind is as a rule incapable, and of which the untrained female mind does not see the need. The great blunders and mistakes that arise in the treatment of the sick and injured, usually have their source in carelessness on the physician's part or ignorance on the part of the nurse, or a combination of these faults. For argument's sake, let it be assumed that the ideals of the properly trained nurse are high ideals; also that the ideals of the ignorant so-called trained nurse may be high, but that the chance is that she has nothing to fall back upon but her womanly interest in nursing, which is one of the most fruitful sources of serious mistakes or of insubordination on her part. Assuming as a matter of course the truth in the idea that education and training are our chief resources against vicious carelessness and ignorance, it seems clear that the woman who has honestly gone into nursing from the outset with the intention of fitting herself for this calling and attaining as much knowledge and proficiency as possible, has a good case when she asks of the state that she be protected from those who masquerade as nurses and bring the work of the nurse so often into disrepute by their lack of cultivation as women, and their absolute ignorance of the objects of medicine.

Culture, refinement, education and definite professional training are the qualities that should be demanded of a professional nurse if she is to have a fixed place in the community. The first step towards this end is the registration by the state of those who are capable and the exclusion of those who are unfit. So energetic a demand as that contained in the pamphlet issued against the passage of the Act for Registration of Nurses in Pennsylvania seems far beneath the dignity of any fair-minded person, and much further than this, beneath the dignity of a physician whose aim should be toward the betterment of medical conditions in the community. If any physician or surgeon has repeatedly had the sad experience with nurses which are set forth in the pamphlet; if in his contact with professional nurses, especially where they have been of good hospital training, he has again and again found them overbearing and critical, let him take an honest, unprejudiced look at himself and his methods, and compare them with the standard set by any modern hospital for its medical staff. Perhaps he will discover something.

The trained professional nurse is an absolute necessity to the modern physician, and incidentally to the modern patient. The better her training and the better her general education, the surer will be the chance of her being a good woman and a good nurse. As a class trained nurses should set up requirements and be very careful whom they admit into their sisterhood, and the state should see to it that they are protected.

The statement of Mrs. Fenwick in *The Outlook*, January 6, 1906, has acted as a violent stimulus to the writers and signers of the Pennsylvania pamphlet. In this our brethren make a serious mistake, as they seem to consider it a representative statement whereas in all probability it is only the statement of a much-biased and enthusiastic woman.

Concerning insubordination on the part of nurses, any clear sighted physician need only ask himself once (if he greatly values his medicines) to be convinced as to which sort of nurse, in all human probability, would be the more likely to cast his concoctions out of the window. Would it be the educated, refined woman, who understands rational therapeutics, or would it be the old Betsy Prig or Sairy Gamp, who has long administered catnip tea and done obstetrics on her own responsibility?

The regulation and control of nurses by state law is a great step in the advancement of medicine. For a time the passage of such a law might be followed by unpleasant conditions, due to individual misconception, but the end-result would certainly mean a purification of the nursing ranks similar to that produced on medicine in general by the legal demand for the registration of medical practitioners."

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#### AFFILIATION

To those interested in the results which follow state registration it is gratifying to note the steady progress made along the lines of affiliation of training-schools, especially of those which would give a one-sided and incomplete training alone, but which offer admirable service in special lines. Two schools which afford an example of this are the Isolation Hospital, Toronto, and the Lying-in, Chicago. The Riverdale Isolation Hospital has a training-school of its own, but as it is affiliated with St. Mary's Hospital of Detroit, its pupils have a well rounded training. The Riverdale Hospital is beautifully situated in large grounds of its own, on the bank of a river. It is devoted to the care of patients having contagious diseases, and it has under its care a small-pox hospital, situated a short distance away, where its pupils may have the opportunity of studying this disease. The nurses are vaccinated before taking this service, no matter how recently this had been done, and no nurse or



attendant has ever contracted the disease. During the last twelve years there have been only three deaths among the small-pox patients. In the Riverdale Hospital, proper, there are one hundred and seventy-five beds, and it affords both practical and theoretical work.

In the Lying-in Hospital, Chicago, there is affiliation with several different schools and also a post-graduate course. The technique is similar to that followed in the dispensary work, described in Dr. DeLee's article in the May JOURNAL. The special advantages of training in such a place lie in the fact that the students are receiving a full course of instruction in a place especially equipped for the work, and from teachers who are leaders in this line of work.

The recent opening of Bellevue, The Woman's Hospital, New York, and, as announced in this JOURNAL, of the S. R. Smith Infirmary, Brooklyn, to post-graduate students or for affiliation illustrate further developments along these lines.

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#### PROGRESS OF STATE REGISTRATION

VERY much to the disappointment of those who have been working hard during the past year in preparing an amendment to the bill already passed in the state of New Jersey, that would more nearly conform to the requirements now in force in other states, an opposition movement was started by nurses at the eleventh hour, where no previous interest had been shown in the matter, and when it was practically too late to reopen discussion, as the bill was ready for introduction. On being presented in the house, interest had been secured which placed it in the committee of miscellaneous business from which it never emerged.

It is realized that the measure was undoubtedly due to the unsettled spirit that prevails over the New York hospitals at present, producing the uneasiness against the enforcement of the three years' course. It is earnestly hoped that the coming year will bring a decision in the furtherance of this most essential point, that there will be no such retrograde movement either in New York or New Jersey as a return to the short term course, and that the delay in the New Jersey registration will be but a temporary setback which can be overcome by a clearer insight into the future welfare of the profession in this state.

The Illinois bill has passed both houses of the legislature, has been signed by the governor, and has become a law. We regret that we cannot give a copy of the bill before September.

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### AN OPPORTUNITY FOR WORK ABROAD

THE Domestic and Foreign Missionary Society of the Protestant Episcopal Church is in urgent need of two trained nurses for work in China; one for St. James' Hospital, Anking, and one for St. Peter's Hospital, Wuchang. The qualifications are a good degree of professional skill, robust health, ability to acquire the language, to work well with other members of the staff and to direct Chinese assistants. Volunteers should be preferably not over thirty and must be members either of the Episcopal Church in the United States, England, or Canada. Both hospitals are well equipped and have a large field for useful service. Full particulars can be obtained from Mr. John W. Wood, 281 Fourth Avenue, New York City.

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### AN OPPORTUNITY FOR WORK AT HOME

THE New York Association for Improving the Condition of the Poor calls for trained nurses who will volunteer for its summer work. Some are needed on the staff at Sea Breeze Hospital, for children suffering from tuberculosis of the bones and glands; some for district work in tenement homes; and others at Junior Sea Breeze where, in the heart of the city, sick babies' lives are saved and their mothers are taught how to care for them. The compensation will not be large but the opportunity offers rich reward in service rendered and in experience gained under progressive and inspiring leadership. Applications should be made at once and may be addressed to Mr. William H. Allen, General Agent, 105 East Twenty-second Street, New York City. This organization, with its sixty-three years' experience, is one of the most progressive and strongest social forces in New York. Last year it relieved over four thousand families in their homes besides giving fresh air outings to twenty-three thousand women and children.

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### A MESSAGE FROM THE CANAL ZONE


WHEN too late to publish with Miss Freeland's paper on Nursing in the Canal Zone, we received a very interesting set of photographs from Miss Louise A. Furber, one of the nurses of the Colon Hospital, and a graduate of the New England Hospital of Boston. We shall reproduce the photographs in a later issue as they give such a clear idea of the Colon Hospital that they hardly require a reading description. We do not make a practise of publishing letters of appreciation of the JOURNAL

which are constantly coming into our hands, but we were especially gratified with the note which accompanied the photographs, which reads as follows: "I wish to add a word of appreciation for our JOURNAL; it is doing so much to keep us in touch with nursing affairs, and in a way makes up to us for the loss of state and alumnae meetings, which is unavoidable to those of us who leave home."

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#### RED CROSS WORK

ONE of the special features of the JOURNAL, beginning with the fall issues, will be a department in Red Cross work, which will be directly under the supervision of Miss DeWitt at the Rochester office. First we propose to give a brief outline of the work of the Red Cross as it is being reorganized, with special reference to the nursing side of the work, which will be followed, month by month, by reports on the enrollment of nurses from the different states, taking up in turn the same subject in other countries and keeping before our readers the progress in the development of Red Cross work the world over. For this department we want contributions from nurses everywhere who are engaged in this work and who are interested in the enrollment of a great body of Red Cross nurses.



## UNCINARIASIS: A MEDICAL PROBLEM OF TO-DAY

By ESTHER VOORHEES HASSON, R.N.,  
Isthmian Canal Hospital Service.

UNCINARIASIS or ankylostomiasis, more popularly known as hook-worm disease, although especially prevalent in tropical and subtropical climates, has for a number of years been steadily gaining ground in many of the European countries and to a lesser extent in parts of the United States. On the continent it is in a great measure confined to workers in mines, brickyards and tunnels; in fact one of the names by which it is known is "Tunnel disease." In Belgium, in one mine alone, over seventy-five per cent. of the workers were found to be infected with the parasite.

In the tropics it has been estimated that the little worm kills more people annually than yellow fever did in its palmiest days, and in Porto Rico so frequent are fatalities from this source that it is called by the people "*la muerte natural*" or the natural death. In view of the widespread and ever-increasing interest aroused in the medical world and from the fact that commissions have been appointed in various countries for its study and treatment, a few words upon the subject to the kindred profession of nursing may be welcome, more especially to those of us whose fields of labor lie within the infected area.

The definition of uncinariasis given by the commission appointed by the Legislative Assembly of Porto Rico is as follows: "A specific infectious disease of tropical and subtropical climates and of favorable localities in the temperate zone, occurring in individuals who come in contact with damp earth or muddy water containing the larvæ of *uncinaria deodenalis* or *uncinaria americana*; characterized by an insidious progressive anemia, weakness, various nervous and digestive disturbances; generally capable of cure on removal of the parasite and capable of prevention by a proper disposal of human excrement." Although the existence of the disease and the parasite causing it were known to Italian physicians as early as 1843, it did not receive especial notice until the year 1879 when the attention of the medical profession was drawn to the great St. Gothard tunnel epidemic of anemia. Hundreds of workmen sickened and died from causes unknown to medical science.

At length an Italian physician discovered in the intestines of a man from the tunnel who had died of the mysterious disease over fifteen hundred uncinaria. The knowledge thus gained began to be applied in

other directions; to the hitherto unexplained anemia of brick yards, mines, etc., of France, Hungary and other countries, and for the last eight years civilized nations have devoted much study and money to the problem of ridding humanity of the disease and its source of infection. Germany, in particular, has been unceasing in her efforts since the widespread epidemic in the Westphalia mining districts in 1895. Enormous sums of money have been spent, and at the present time success seems to be well within her grasp, although the fight still continues. The United States has recognized the importance of the work by appointing Dr. Charles Wardell Stiles, of the Marine Hospital Service, to determine by investigation the frequency and distribution of uncinariae in the southern states. Dr. Stiles found that it is prevalent and that such diagnoses as pale skin, heart disease, and malaria cachexia, must undergo a radical change. Our government also afforded substantial aid to the above mentioned Porto Rico commission. To the naked eye, the *Uncinaria Americana* has the appearance of a thread-like worm from one-fourth to one-half inch in length; under the microscope its distinguishing characteristic is the head, which is bent backwards, giving to the parasite a hook-like appearance from which its familiar name of "hook-worm" is derived. It is usually found in the upper half of the small intestine with the head so firmly buried in the mucous membrane that much force is required to dislodge it.

Until quite recently pathologists have agreed that the worm is a blood sucker, subsisting upon the plasma alone and not upon the corpuscles, but it has been a disputed point whether it is possible for such tiny creatures, even although present in great numbers, to abstract enough blood to cause the intense anemia usually found in infected persons. Loos and Sangalli have lately advanced the theory that the *uncinaria* draws its sustenance entirely from the intestinal mucosa and not from the blood. Although this is still a doubtful point, there is a general consensus of opinion that the anemia is due largely or entirely to a toxin in some way generated by the infecting parasite. Infection occurs as follows: the ovo *never* hatches in the human body but in the earth after its expulsion in the feces. In the soil, provided that favorable conditions as to temperature, moisture, shade, etc., exist, the ova becomes an encapsulated larva and in this form may enter the body in one of two ways or both: First by mouth, in muddy water, imperfectly washed vegetables, or through any contamination of the food and water supply; second, and by far the more frequent way, is by penetration of the skin. Until recently this mode was considered questionable, but it is now an absolutely accepted fact.



It has been demonstrated within the last few years that soil or water containing the larvæ, when applied to the skin, give rise to an acute dermatitis, sometimes called ground itch or water itch, followed by the formation of vesicles and by swelling. In this way the larvæ penetrate the muscles, but it is not until several weeks later that they reach the intestines and become adult worms. The chief diagnostic sign is the appearance of the ova in the feces (distinguishable only under the microscope), and another of great importance is the extreme anemia usually present, in very severe cases the hemoglobin being as low as eight per cent. *Uncinaria* may be present in the intestines without any of the usual pathological signs with the exception of ova in the feces. In Great Britain, the United States, our island dependencies, and in parts of South America, thymol is the usual remedy, and in the hospitals on the Isthmus of Panama it is the only drug that I have ever seen employed.


Treatments differ as to dose and mode of administration according to the view of the physician in charge. The following are the standing orders for thymol treatment in the ward at Ancon Hospital where I am at present on duty: "Light supper or liquid diet the night before; calomel, gr. iii, 8 p.m.; mag. sulph, 50 per cent. sol,  $\bar{3}$  i, at five the next morning; no breakfast; stop all other medication; thymol, gr. xx, in capsule, at six, repeat at seven; mag. sulph. sol,  $\bar{3}$  i, at eight. The calomel is given, not alone for its purgative effect, but because it sweeps the intestine free of mucus and leaves the worm exposed to the full effect of the vermifuge. At midday, return to usual diet and medication.

The stools, from the first dose of thymol until the last dose of salt, must be saved for examination. In addition to the ova, they nearly always contain dead *uncinaria* in great numbers. Several treatments, five or six days apart, may be needed to rid the intestines entirely of the unwelcome inhabitants, and they are persisted in until no trace of the parasite can be detected in the feces. Between the treatments, and after their termination, a liberal diet is indicated and also some good blood-making tonic.

On the continent, *Felix Mas* (male fern), is the remedy most in favor, as it is thought by most European physicians to be less dangerous than thymol which, when absorbed, is a powerful depressant, from the use of which collapse and death have been known to result. More recent experiments show conclusively that the chief danger lies in its administration on a full stomach and in an alcohol or oil solution. Thymol is but slightly soluble in water and, when given after the necessary preliminary precautions have been observed, passes from the body

practically unchanged. For this reason, castor oil should never be the cathartic given and alcoholic stimulants by mouth should not be allowed under any circumstances as both render the drug more soluble and easily absorbed. When the hemoglobin reaches 75 per cent. the cure is considered complete. A remedy much employed in India, and coming into use extensively in South America and the West Indies, is betanaphthol, which has all of the vermifuge properties of thymol at one-tenth the cost.

As already stated, the ova never incubate in the body, and so it is evident that when the original number of worms has been exterminated, the cure is complete, unless the patient is reinfected, and this is the discouraging feature of the treatment of uncinariasis, as such infections are almost unavoidable so long as the ground in certain localities fairly teems with the larvæ of the parasites. The only efficient preventive measures seem to be prompt and vigorous treatment of all infected persons together with a thorough system of sanitation and stringent ordinances against soil pollution by human excreta. Various methods of soil disinfection, for the destruction of the larvæ, have been tried, but thus far results have not been encouraging. Even at best they would be imperfect as the expense would be enormous, and such a concentration of chemicals in the strength required would be extremely dangerous as well. Sanitation seems to be the only solution of the problem.



## NURSING TREATMENT OF INFANTILE DIARRHŒA

By ALICE P. GOODWIN

Graduate of the Massachusetts Homeopathic Hospital, and of the Boston Floating Hospital

THE subject of infantile diarrhœa would seem at first thought to be a simple matter; but the more study and observation are given to it, the more apparent becomes the comprehensive nature of the disease. So many causes and so many different methods of treatment are discovered, that finally the conclusion is reached that each infant having diarrhœa is a case by itself, and that the treatment must be largely determined by the symptoms and progress of each particular case. Careful attention should be given an infant who is only mildly afflicted, as the disease frequently develops rapidly into one of the more serious forms.

Diarrhœa most often occurs in artificially-fed infants, as it is easy for bacteria in impure milk to enter the digestive tract; most of the cases are between the ages of six and eighteen months. It is especially prevalent among the poorer classes in large cities, but many cases also occur in the country, being due often to impure milk or to carelessness in preparing the food. In cities there are the added unfavorable conditions of bad air, unclean tenements, crowded conditions, and hot weather. Heat increases liability to diarrhœa, and the infant mortality during the summer months in our cities is appalling, the estimates being that nearly three times as many infants die during July and August as during any other two months in the year.

Much is being done to relieve these conditions. A change of air is one of the first things to be recommended, but this is not always easy to accomplish. Many of our hospitals have roof-gardens, where the babies are much benefited by the sunshine and fresher air. A change from the hot impure air of the tenement-house districts even to the city parks, or a daily trip on the water, will often effect wonders. The floating hospitals of the different cities are doing much to meet this need of sea air, and as usually no charge is made, they are accessible to the poorest classes. The Boston Floating Hospital is a decided improvement over most of the others in that, besides having one deck for babies who are not seriously affected, it provides permanent wards for those who are too ill to be carried to and from their homes each day. In these wards the utmost is done to prevent the development and spread

of different bacterial diseases. The nurses wear different aprons inside the wards, and the greatest care is taken in disinfecting the hands before preparing the food or feeding the babies. Great care is taken not to infect the other patients; and because a baby who has recovered from one attack of diarrhoea can be reinfected, each case is discharged as soon as possible. These babies often look very thin and pale when discharged as cured, but they soon begin to improve, and it is much safer to let them go than to expose them to reinfection.

Diarrhoea is usually caused by nervous conditions, bacteria, or some foreign substance which cannot be disposed of in the ordinary process of digestion. The exciting cause should in every case be combated and removed. If it is a cause which acts on the nervous system, as improper food, heat, cold, excitement, or fright, a simple diarrhoea is the result, and usually a change of climate, the withholding of food for a day, and some medicine to check the number of dejections will remedy the trouble. If, however, bacteria are the cause, the problem is more complex. Bacteria are always found in stools, even of healthy infants; but in diarrhoeal stools they multiply enormously. They are always introduced into the intestinal tract through the food. As yet no specific form of bacteria has been found to be constant in diarrhoea, but much attention is being given to microscopical examination of feces. These bacteria or their products produce changes in the intestines varying from irritations to deep lesions.

If a drug could be introduced which would kill the bacteria without injuring the baby, and if a food could be found which would nourish the baby without also nourishing the bacteria, one problem would be solved,—but as it is we can only make use of something which will arrest the growth of the bacteria. Thus irrigations of soda, salt solution, creolin, or boracic acid solution are given with good effect. This irrigation takes place after a cathartic has been administered to clear the intestines, and after lavage, if the stomach is not empty. In regard to feeding, experience shows that a baby can be practically starved for twenty-four or forty-eight hours, thus depriving the bacteria of nourishment, while the baby lives on its tissues. With the use of plenty of water the lack of food is not minded so much.

After this period a very weak form of food is started, such as rice-water, barley-water, whey, or weak broths; then, if this form is tolerated, a greatly modified milk may be tried. As the baby improves, care should be taken not to increase the strength of the food too fast, holding to one formula longer than would ordinarily be done. The bottles and nipples should be sterilized between feedings; but the milk need not be

pasteurized or sterilized, if it is certain that the supply is pure, but the water added to it should be boiled, and the other ingredients pure. In all cases where it is possible, the mother should be taught the proper way to prepare the food, to care for the baby, and most important of all, measures of prophylaxis.

When the baby is unable, on account of excessive or persistent vomiting, to retain food given by the mouth, nasal, œsophageal, or rectal feeding must be resorted to, and the nurse should have on hand all the necessary appliances, sterilizing them before using. Hypodermic injections are given in cases of excessive vomiting, prostration, or heart failure. Stimulation is usually not resorted to except when absolutely necessary, as the heart muscle after responding to repeated stimulation, will fail to do so at the crucial point.

As to the question of clothing, light warm garments are the best, and flannel best meets this description. A flannel nightgown is usually enough for warm weather, but on very cold days, or if the baby has poor circulation, a flannel sacque may be added. A blanket under and over the baby and hot-water bag for the feet will aid in keeping it warm. Great care must be taken by the nurse in using the hot-water bag or can; as a baby who is wasted by disease is much more easily burned than one would think. Therefore it is best to have only a warm bag, and change it frequently.

As may be easily seen, a great deal depends on the nursing given these cases. Such constant attention is needed, that in an institution like the Boston Floating Hospital, one nurse can take care of only four babies. In private cases, the nurses should have everything at hand in readiness for an emergency,—as the appliances for lavage and gavage, hypodermic injections, subcutaneous injections of sterile salt solution, irrigations, and for controlling convulsions.

The bed-linen and the clothes which the baby wears should be soaked in a disinfectant solution before being laundered, and the diapers should be burned immediately after changing. They are best made of some cheap or old material. Old soft linen with cotton placed inside is good, and oiled or paraffine paper inside the cloth will protect the bed. The diapers should be changed at once, as soon as they are soiled, for the dejections are highly irritating to a baby's skin, and a raw and even bleeding surface is too often the result of improper care. The nurse should scrub her hands well and disinfect them after changing the diapers and before feeding-time. This is for her own protection as well as that of the baby. The nurse should also be ready to give a hot or a cold pack, in cases of prostration or of hyperpyrexia. In cholera



infantum, especially, much depends on the prompt action of the nurse, as the progress of the disease is so rapid,—the child often dying in twelve hours or less from the time of onset of the disease.

The nurse's notes and observations as written on the bedside chart are of the greatest assistance to the doctor, and guided by her accuracy in describing the symptoms and phenomena of the disease, he can more easily make a diagnosis and locate the part of the digestive tract which is involved. The dejections, expression of the face, position, motions, color of the skin, manner and amount of sleeping, character of the cry, and many other details are of more importance than they would at first appear to be to the inexperienced observer.

The dejections should receive the nurse's particular attention, and her description in the notes should include the number in twenty-four hours, the size of each, the consistency, whether watery, or semi-solid, the color and odor, and the presence of abnormal or foreign substances.

The color is varied. Green and bright blue always indicate an abnormal change in bile, sometimes caused by putrefaction going on in the intestines. Clay-color or white show the lack of bile, or the presence of undigested fat. Black usually means that a drug has been given, as bismuth or iron, but old blood may account for the color.

When the odor of the dejection is sour, it shows that changes in the sugars have taken place; and a foul odor indicates changes in the proteids. Abnormal substances are usually mucus, blood, pus, or undigested food, and sometimes a foreign substance which has been swallowed. Irrigations will often bring to light the most remarkable substances—as pickles, baked beans, and various foods which the baby's stomach can only reject without attempting to digest. The parents nearly always solemnly assert that milk has been the only food given. In this connection, every doctor and nurse caring for these cases, should do all in his or her power to instruct mothers in the simplest principles of cleanliness in preparing food and in caring for babies. This is a slow and usually a discouraging process, but many make use of the methods which have been demonstrated to them, and the results are more far-reaching than we realize.



## NURSING IN THE CANAL ZONE

By ISABELLE FREELAND

Graduate of the Roosevelt Hospital, Ancon Hospital, Panama

TRAINED female nurses are employed in the Zone only at the Colon Hospital, where the steamers land on the Atlantic side, and at Ancon, across the isthmus, on the Pacific coast. Colon is low, flat, and uninteresting. Ancon is on a hill overlooking the city of Panama. The grounds of the hospital at Ancon are beautiful with tall palms, rubber trees, and flowering plants; roses bloom out of doors all the year round.

The dry season is from January until May. Occasionally there will be a shower, lasting one or two minutes, but generally speaking it does not rain during these four months. The dust is blown around in great clouds by the high winds. During the wet season it sometimes rains for days without stopping, with such force that it seems as if the roofs of the houses would give way and on other days there will be one heavy shower for five or ten minutes during the day. With the utmost care things will get mouldy. Leather goods suffer the most; backs of books peel off if left out very long, but keep very well in a glass case. Pillows and woolen goods smell musty, but these can be frequently put in the sun and warmed through. It is warmest from ten A.M. to three P.M., the mornings and nights being always cool. In the wards and at our quarters it is very comfortable (80°), more like the month of June in New York. In the sun it is often 100°, but a good breeze cools one off, and we never hear of a heat prostration case. All work and business stop between eleven and one.

The nurses go on duty at seven A.M. The hours of duty are from seven to nine in the morning, and from three to nine in the afternoon. Others are on duty from seven A.M. to three P.M. and a few from seven to twelve and from three to six. The night nurses' hours are from nine P.M. to seven A.M. for one month, two or three times a year. Orderlies and attendants assist in the work; the nurses take temperatures, give medicines, superintend the cleaning, do a great deal of clerical work, and occasionally are asked to give an alcohol sponge bath. In the one ward for women, some of the female attendants give baths and douches. These attendants are mostly colored people from Jamaica or Martinique.

At Colon, the wards are two-story wooden buildings, half built over the water. At Ancon, all are one-story high, with the exception of a

few just being built. Two, three, or four wards are placed close together, connected by a covered walk with lavatories and dining-rooms between. These groups of wards are called sections, and are several minutes' walk apart. The grounds are becoming thickly settled with the cottages of the different married doctors and officers. About sixteen nurses, who are on duty near the officers' mess hall, go there for breakfast and dinner, all the others use the nurses' quarters. The meals served are: coffee at six-thirty A.M.; tea, coffee, chocolate, oranges and bananas, eggs, bread and butter, breakfast, eleven-thirty to twelve-thirty, which is a regular lunch; two-thirty to three-thirty, tea and bread and butter; dinner, six to seven. Coffee and crackers are served in the wards to those who wish them at nine A.M. Night nurses have supper at eleven P.M. and tea at three A.M. A large brake brings the nurses to the wards at seven A.M., three P.M. and nine P.M. It is a ten minutes' walk from the hospital gates to the nurses' quarters on top of the hill. The wards and other quarters are scattered throughout the grounds. To give an example of one ward: ward 3, section A, is a surgical ward for colored men; it has twenty-six beds and two private rooms. In this section, four wards are built in a semi-circle around the office of the chief nurse and the main store-room and operating-room. From the other side of the ward which is built high and overlooks the main road, the buildings seem to be up among the top branches of the trees, and almost reach the leaves of the Royal Palm trees. One looks down on the city of Panama, the Pacific ocean, and, at one side, the large Tivoli Hotel. The nurses can see the sun rise out the Pacific ocean and also the moon. There is nothing like the moonlight in the tropics,—such a soft mellow glow, with so many bright stars. There is no twilight; the sun sets, and almost immediately it is dark.

There has not been a case of yellow fever in the hospital for nearly a year; vessels from South American ports are quarantined. Many accidents happen on the railroad and in digging the canal. Malaria and pneumonia are the medical cases, the latter being fatal to white or black men. During the dry season there is very little sickness. Americans are careless and take shower-baths when they come in overheated, after a long walk or from playing base-ball. One game cost the life of one of the doctors and nearly that of the Quarter-master. The colored men lie down in their wet clothes, sometimes on the wet ground, and neglect themselves generally.

The food is nearly all sent from the United States in cans, even the greater part of the milk and cream that are used. There are no fresh vegetables or fruits except oranges and bananas which are grown

on the grounds. Some of the native fruits are nice. Pineapples are delicious, and are plentiful during half the year. Apples are sent from the States, and are mealy and dry, costing ten cents apiece. Before the commission owned its own cows, milk cost from forty to fifty cents a quart. The meats used are beef and mutton, principally mutton. Chicken is served on Sunday, and once in several months roast pork or boiled ham, while rice is served twice a day. Limes are always used instead of lemons.

Nearly half the nurses ride horse-back, either side-saddle or astride, using the latter because the horses are small and some of the roads rough and hilly. There is a monthly launch party every full moon on the Pacific, and on the first Wednesday in the month one regular dance at the nurses' quarters, besides frequent invitations to dances at neighboring places. There is a fine large reception room in the new quarters and also a library, which used to be used before the new quarters were finished. Ten new books are bought every month, making now about three hundred in all. The nurses are allowed to have all the callers they wish, when off duty, until ten-thirty P.M., and on Sunday afternoons, tea is served at four P.M., at Aconcita, the nurses' quarters.

The hospital has five hundred beds, and wards are being built to increase the capacity to eight or twelve hundred. There are now sixty-one nurses, which number will be increased to one hundred when the new wards are finished. It is supposed that then the small hospital will be used for dispensary work only, and all the patients sent to Colon or Ancon, the latter taking the larger share.

The salary is good, the work is not hard, the place is healthy, there is much to see, and good work is appreciated, which makes life attractive. The salary at first is sixty dollars a month and as vacancies occur, nurses are promoted to seventy-five dollars a month, fully half receiving that amount. There is a rumor of a further increase of from twenty to twenty-three dollars for three-year service.

The nurses wear plain white uniforms, no caps, and generally white canvas shoes. They carry an umbrella either for the sun or rain, and seldom wear a hat except to go to church or across the isthmus. The shops are improving; the white goods, embroidery, and laces are very cheap, as are also Japanese goods which are exceedingly pretty. Goods can be sent quickly by mail from the States and cost very little. Simple white dresses are all that are required beside the uniforms.

The Civil Service examinations take place three to four times a year. All necessary information can be had from Mr. Pepperman, in charge of the Panama Employment Bureau, at Washington, D. C.

## NURSING IN MISSION STATIONS

[Last spring "The Spirit of Missions" contained an article by Archdeacon Stuck, of Alaska, describing an incident in the life of a missionary nurse, Miss Woods, of Fort Yukon. We reproduce it here, in part, for the vivid picture it gives of such work as our far-away nurses are called upon to undertake. From the same magazine we take some other items of interest.—Ed.]

"WHEN I last wrote I had pitched my tent at the Chandalar village, sixty-five miles north of Fort Yukon, and was ministering as best I could to the diphtheria patients, while Mr. Knapp took the team and went back to get Miss Woods. For the five days following I swabbed out throats two or three times a day, cooked beef tea and milk and rice, took temperatures, and did my best for the two poor creatures who were suffering so severely, and I held divine service every night.

I knew that five days was the least time in which Miss Woods could possibly come. It would take two days each way, and at least a day to get things together. I knew it might easily take longer, and I hardly expected her on Christmas Eve—when the five days were up—but she came. She lived up to her reputation. She dropped her school, she dropped her Christmas, she gathered her supplies and her medicines, she took a couple of natives and another team, and she came when I sent for her. I shall never forget that prompt, cheerful response. I shall never forget how she "bobbed up serenely" from that toboggan after her thirty-five miles' ride through the bitter cold, and took general charge in her placid, undemonstrative way. It lifted a load off my heart when I saw her crawl out from under the robes and throw back the hood of her fur *parkies*, in front of my tent, with a Christmas greeting upon her lips.

The next day we made a hospital of the cabin in which we had installed Miss Woods (its owner had moved with his family, into a tent, despite the weather) and we moved the two patients from the large cabin inhabited by many people in which they had lain, and left them with Miss Woods.

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St. Stephen's Day was devoted to the fumigation of the large cabin where the sick had been. We turned everyone out—about a dozen persons lived there—we made them leave their outer garments and we hung them, together with all bedding, on lines across and across the room; we stopped all chinks with cotton, and then we burned sulphur all day long; and the next day Mr. Knapp and I left. We offered to stay with



Miss Woods and take her back to Fort Yukon when the sickness was over, but she would not hear of it. 'You have done your work here,' she said, 'your winter journey is yet before you; now leave me to do my work.' She was not in the least afraid to be left with these Indians, sixty-five miles from the nearest white person, to make her journey back when the need for her was passed. Her school called her; the deferred Christmas festivities of her Fort Yukon people called her; but she would stay as long as her presence was required and would then travel back.

And here I would like to stop awhile and pronounce my eulogy upon our women in Alaska. Miss Woods is not alone; she has been called upon to make greater sacrifices and more striking effort, once and again, than the others have, but we have others who would respond quite as promptly, quite as gladly, did the call come to them.

The Alaskan mission is blessed in having such women, and all well-wishers of the work here will pray God to put it into the hearts of others like them to offer themselves.

It is a glorious work; a Christ-like work; a simple work of going about doing good. It calls for patience and fortitude, but it has great consolations, great compensations. And it is a happy life, with all its discomforts and sacrifices.

Miss Woods 'is up to her eyes' at Fort Yukon all the time; school, mission, sick people, housekeeping; the two little scamps she has taken to look after, the troubles and difficulties of all the families she has to help bear; and now they talk of making her post-mistress, because the office is likely to fall vacant, and all the other white people are Canadians or otherwise ineligible. And they must keep a post-office at Fort Yukon. But, despite her manifold occupations, or perhaps because of them, she is always happy."

"Nine-tenths or more of the people who go to Alaska go with the hope and expectation of some financial gain. It is difficult for them to understand any motive other than the hope of 'striking it rich' as sufficient to send people to Alaska and keep them there.

'I suppose,' said one of the residents to Deaconess Carter, who has rendered such excellent service as superintendent of St. Matthew's Hospital, 'that you people at the hospital have good jobs.' 'Yes,' replied the deaconess, 'it is a pretty good job.' 'How much do you get out of it?' was the next inquiry. The record fails to state what happened to the questioner when told that a deaconess' or a nurse's stipend in Alaska is \$500 a year. And that in a land where a carpenter's wages average about \$15 a day! Deaconess Carter is obliged to pay a cook

in the hospital an amount equal to that received by two nurses, and a man to do the chores receives a like amount."

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ST. LUKE'S HOSPITAL, TOKYO, JAPAN

"These patient, happy, little Christian Japanese nurses, flitting about in their short white frocks, from morning till night, and through the nights too, always with a cheerful smile, ready to do anything, never saying, 'I am tired,' these stole my heart, and I wished something might be done to insure their comfort and pleasure in their hours of rest.

This is not my first experience in a hospital in Japan, but my first in a Christian hospital, and it made me realize keenly the wide difference between the two, and that here in Japan, where there are many hospitals, a Christian hospital has a unique place.

The rooms for the nurses are on the ground floor and are such as are found in the very ordinary Japanese dwellings. The straw mats which cover the floor are only raised about a foot from the ground. No matter how cold or how damp the weather may be these mats are their seats and their beds. It may be said: 'But they are accustomed to these conditions.' Yes, they are, but that does not conduce to health or prolong their precious lives. When about their duties they must of necessity be absolutely quiet. When they retire to their rooms for an hour's freedom from duty, they must still be quiet, there can be no relaxation into pleasant chat even, which is so dear to the Japanese, because these rooms are just under the rooms of the patients. Everything is so crowded!"



## SUCCESS IN TEACHING MATERIA MEDICA

By MINNIE GOODNOW

Superintendent of Nurses, Milwaukee County Hospital

**MATERIA** Medica is undoubtedly the most difficult subject in a nurse's curriculum, and one which is not always successfully mastered. One finds commonly that about all that the average nurse knows of it at the end of her course is what she has learned in her practical work in the hospital wards. This is hardly an ideal state of affairs, and it can be remedied, to some extent at least, by improved methods in teaching.

First, who shall teach it? Preferably the chief nurse, though it may be done by a doctor, providing he makes it a class, and not a lecture. **Materia Medica** has rarely been successfully taught by the lecture method; the lecturer almost invariably presupposes knowledge which the nurses do not possess, or tries to cover too much ground in one evening, thereby confusing and discouraging his hearers. The supervising nurse of a large hospital observed recently that a doctor touched on seventy-five drugs in one lecture; it is to be doubted whether the class gained much from the time spent. Therefore, let the teacher be someone who is willing to do a plentiful amount of iteration and re-iteration, and who is not in too great haste for results.

**Materia Medica** should be a first-year study. This, one would think to be self-evident; but a number of hospitals leave it until the second or third year. Meantime, nurses are giving medicines of which they know practically nothing, and are handling poisons, recklessly perhaps, because they do not know that they are poisons. Nurses who did not study **Materia Medica** until their second year have told me that their first impression of the study was fright over the mistakes which they might have made during their first year.

There should be preliminary lessons on weights and measures, both apothecaries' and metric, with a certain amount of committing to memory of names and definitions. Next, four or five letters on the elements of chemistry should be given by a doctor or practical chemist; simple experiments should accompany these lectures. The hospital druggist might be pressed into service for this part of the work. A little skilful inquiry among nurses will prove how absolutely essential these lectures are. Many nurses have failed to grasp the meaning of **Materia**

Medica simply because they had not studied chemistry and did not have a clear idea of chemical terms.

After this foundation drudgery, begin the actual study of drugs. It is a pedagogical principle that one must work from the known to the unknown; so, in the first year, let the pupils select the drugs which are to be studied, insisting that they be ones with which the majority of the class is already familiar. Any young woman, be she nurse or not, knows something of the properties of castor oil and vaseline; she does not, however, know all about them, and they are appropriate subjects for first lessons, along with such things as flaxseed, rhubarb, mustard, camphor, some of the soda compounds, licorice, glycerine, turpentine, alcohol, and charcoal. Three drugs at a lesson are enough for good work. By the time the more familiar things are finished the class will be ready to take up carbolic and boric acids, strychnine, chloroform, ether, quinine, the mercurials, cascara, opium and its derivatives, and the commoner drugs used in hospital practice. It is not a serious matter if some really important drugs are omitted from the first year's work; their importance may be better comprehended later on.

Object teaching is always impressive, and should be frequently used. Samples of crude drugs can be obtained at small cost from the large manufacturing druggists, and will be found a valuable aid in fixing substances in mind. A specimen of each preparation studied should be brought into class to be passed around, the color, consistency, shape of crystals, etc., noted, the odor, and when practicable the taste.

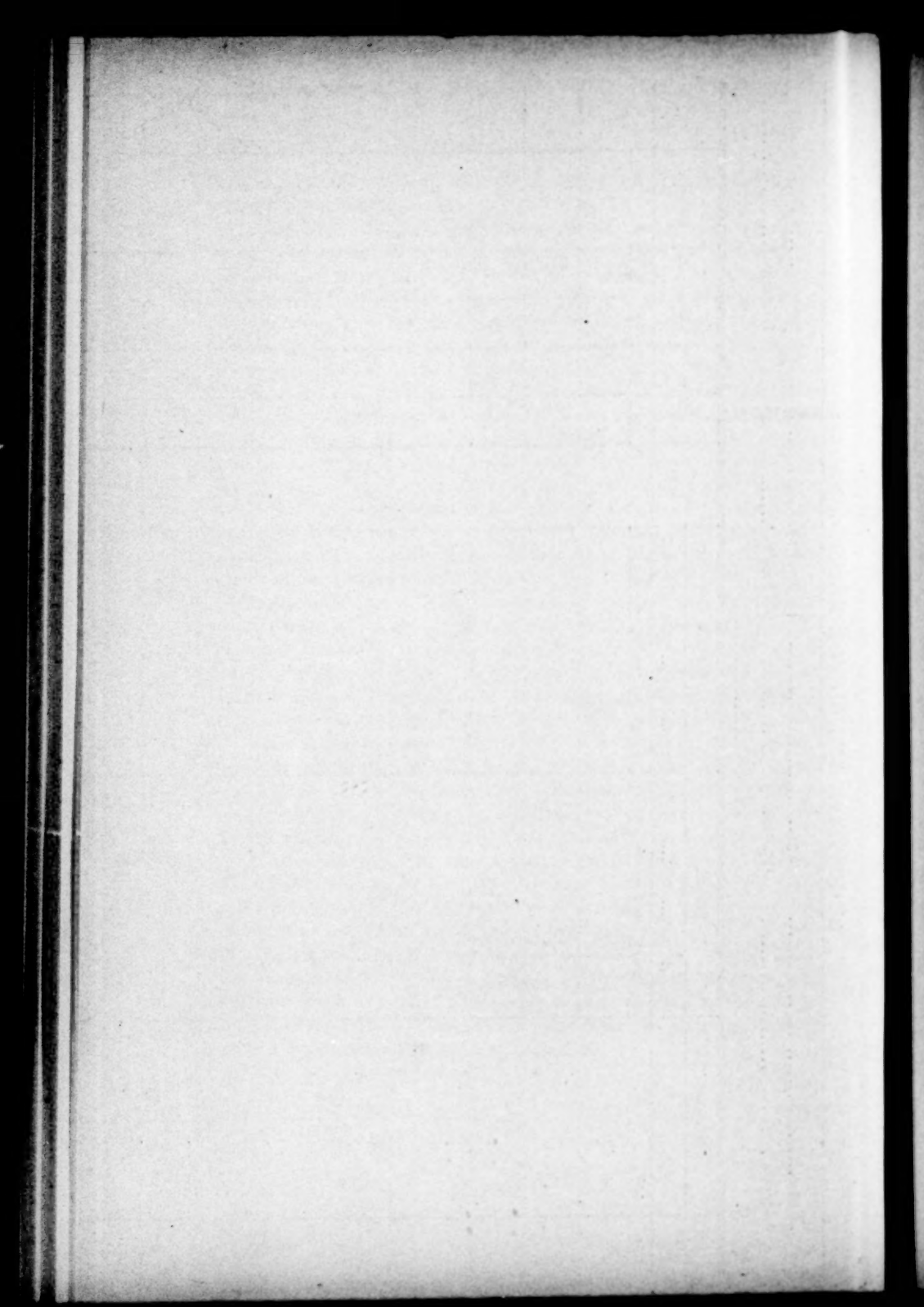
At least twice a year there should be a lesson in identification. Specimens of the various preparations which have been studied should be presented, without labels, and the class required to identify them. These classes are great eye-openers to both teacher and pupils, and are efficient preventives of some of the common mistakes in giving medicines.

A list of the commoner poisons and their antidotes might be posted in the medicine room off each ward. From these the nurses will learn almost unconsciously. A *Materia Medica* should be a part of the furnishing of each medicine room, and the head nurses should see that the pupils look up each drug as they have occasion to give it. Nurses ought to be encouraged to ask the doctors, or at any rate the internes, why drugs are given and what effects may be looked for. It will not be found that the doctors resent this, but that they will be more likely to take it as an indication of interest in the work.

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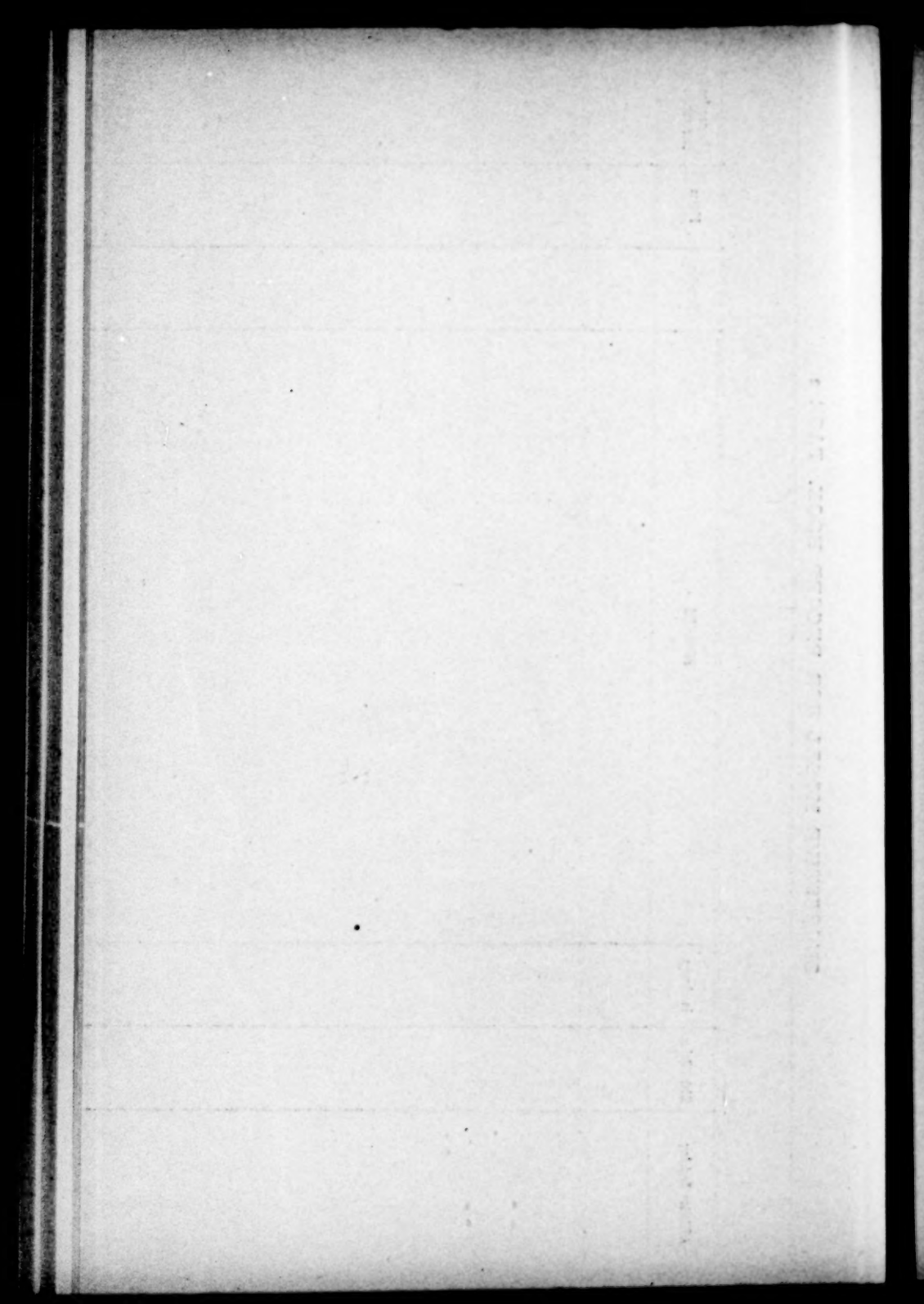
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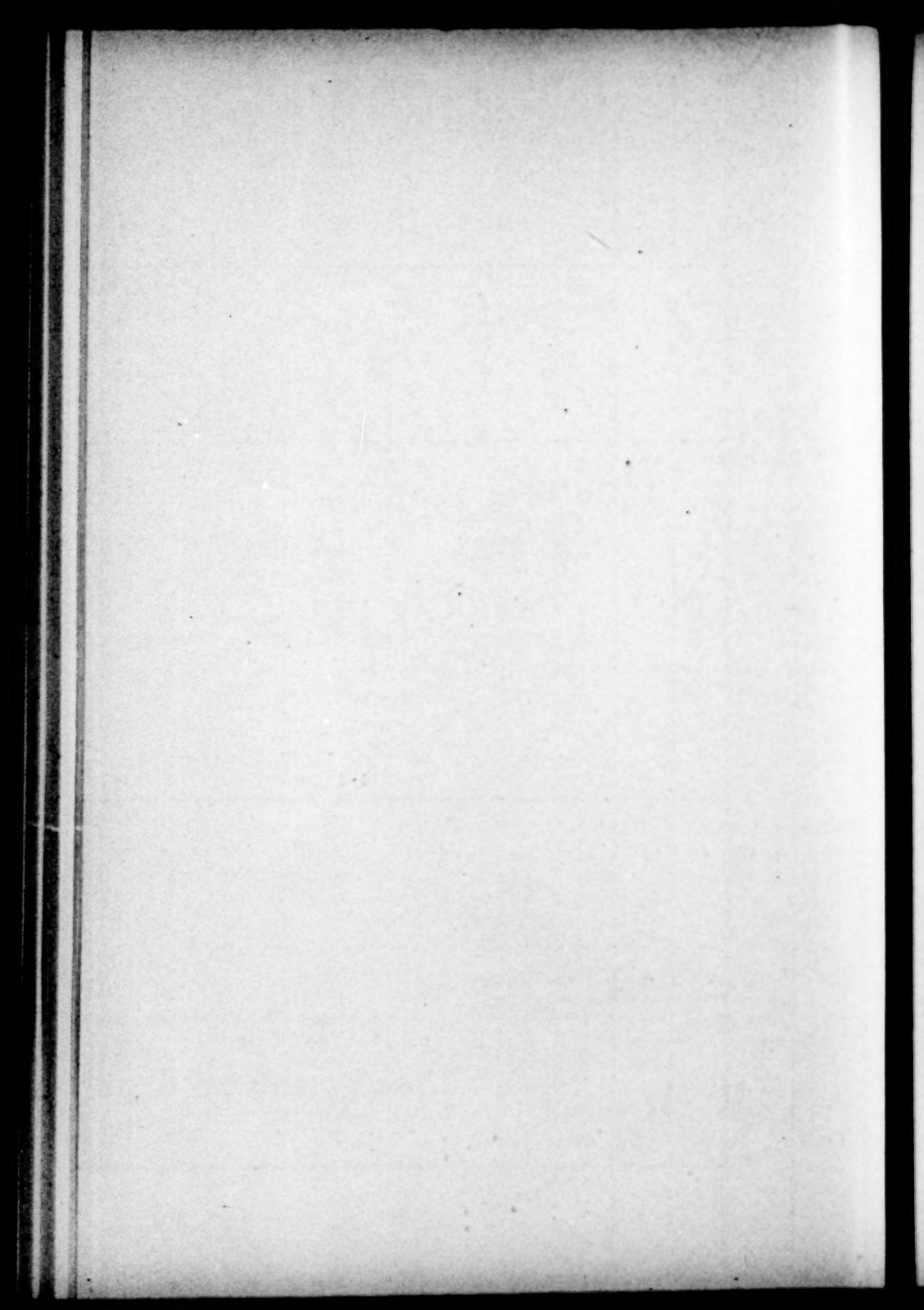
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## THEORETICAL WORK

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## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

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**WHY DEFECTIVE NASAL RESPIRATION IMPEDES GROWTH AND DEVELOPMENT.**—*The Medical Record*, quoting from the *Bristol Medico-Chirurgical Journal*, says: P. Watson Williams declares that the pernicious effects of mouth-breathing in children are seen in the constant tendency to infective catarrhs, bronchial colds, and pulmonary complaints, from which children with adenoids and some other causes of nasal obstruction are prone to suffer. Adenoid growths are by far the commonest cause of defective nasal respiration in childhood. The absence of normal nasal respiration causes pulmonary troubles and defective development of the chest wall. It may be said that children who persistently fail to expand their lungs are underfed. After abnormal conditions in the nose and throat are removed the physician should advocate the advantage of open air, cold bathing, and appropriate respiratory exercises, in order that these listless, partly asphyxiated children may grow up in the fullness of life.

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**FATIGUE AS A FACTOR IN MISTAKES.**—*American Medicine* says: Accidents due to fatigue are receiving more and more attention in Europe though not so much in America, apparently, as a few years ago. It is said, that a long time back, the Bank of England discovered that mathematical errors of the clerks were at a minimum in the early morning hours but progressively increased as fatigue occurred. The worst time was in the late afternoon and there was so much money loss, due to errors at that time, that as a matter of economy the clerks were forbidden to work after a certain hour, which we understand was three o'clock. Similar statistics as to accidents have recently been published in France, and the same law of sequence was brought to light, as was to be expected. The number is at a minimum in the early morning hours, rises slowly until noon, takes a sudden drop after the midday rest and then rises to a much higher point at the end of the afternoon than it was at the end of the morning's work. All this needs no explanation, for the cause is self-evident.

**OPENING THE MOUTH.**—*The American Journal of Surgery* says: If a frightened or refractory child will not open its mouth, pass a probe between two teeth and back to the palate. Instantly the mouth will open and a gag may be slipped in.

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**A SALT FREE REGIMEN FOR SCARLATINA.**—*The New York Medical Journal* says: M. Pater, in a communication to the Société médicale de Paris, has found that the withholding of salt from the food of scarlatinal patients exerts a remarkable influence in greatly reducing the tendency to albuminuria. Under this treatment also the patients gain weight more quickly than under a strict milk diet. He states that the achlorinated diet is without danger in scarlatina, and protects from nephritis much better than an absolute milk diet. He also asserts that it shortens the duration of the disease by abbreviating the period of convalescence.

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**WHAT IS FEVER?**—The same journal, quoting from *The Practitioner*, says: Hutchinson gives the following tentative conclusions in regard to fever: 1. It is not the rise of temperature which is harmful, but the toxins, which accompany the fever. 2. The elevated temperature is not due to increased oxidation, as shown by normal or lowered output of carbon dioxide. 3. The febrile phenomena are due to a general disorganization and perversion of normal metabolism by toxins, with conversion of energy ordinarily expended in secretion, growth, motion, etc., into heat. 4. There is less metabolism in fever than in health, but it is mostly destructive. 5. If the dose of toxine is sufficiently large or virulent the lessening of metabolism may even lower the temperature. 6. The temperature in fever is often subnormal. 7. The standard of fever should be an increase in the daily range of temperature in excess of 1.5° F. 8. The rise of temperature may be protection, many pathogenic organisms being unfavorably influenced by fever temperature. 9. Normal body heat may be a friction remainder, a waste product turned to use, rather than a vital necessity. 10. The intoxication and not the temperature calls for treatment.

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**TREATMENT OF DELIRIUM TREMENS.**—*The Interstate Medical Journal of St. Louis*, quoting from a German contemporary says: The author in writing on this subject condemns the treatment of this condition with chloral, paraldehyde, hyoscyamus, hyacine and other nerve sedatives. His experience with 1,051 cases is given as follows: During

the first 8 years of 486 cases he had 31 deaths, or a mortality of 6.37 per cent. During the following eight years out of 565 cases he had 5 deaths, or a mortality of .88 per cent. The marked difference in his mortality he attributes to his treatment carried on during the latter eight years. This consists of abstinence completely from giving sedative treatment; complete withdrawal of alcohol; and giving digitalis in large enough doses to produce its physiological effect. Besides this, he gives stimulation in the form of camphorated oil hypodermically. In especially bad cases tablespoon doses of ice cold champagne are given every half hour. In order to increase the elimination he gives a solution composed of 1 per cent. sodium acetate in water mixed with a small amount of simple syrup. This has a cooling, palatable taste and on account of its yellow color is frequently mistaken for beer by the patients. The digitalis is given by the rectum in those cases in which it cannot be given by mouth. He considers it the most important part of the treatment, being especially indicated because death, when it does occur, is the result of cardiac insufficiency.

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A CONTRIBUTION TO THE TREATMENT OF HAY FEVER.—*The Medical Record*, in an abstract of a paper in *Berliner Klinische Wochenschrift*, says: Heymann publishes his experiences with the administration of thyroid extract in this disease. He examined a large number of cases and found that these patients are no more apt to be afflicted with nasal deformities than a corresponding number of others who are free from the attacks. He did find, however, that if the obstructions in the nares were removed a marked improvement always occurred. The best results with drugs were noted with administration of thyroid extract. He gave this in tablet form, one to three daily, each containing .3 gm. of thyroid substance. The improvement in twenty-one cases was very favorable, and although no conclusions are possible as to the etiology of the disease the writer thinks that it is probably dependent upon a nervous diathesis in the domain of the sympathetic nerves. In a considerable number of the patients who were under treatment for the disease he found an enlargement of the thyroid gland, although not of sufficient extent to demand treatment for itself.

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ATROPINE IN THE TREATMENT OF ASTHMA.—*The New York Medical Journal*, quoting from a German contemporary, says: An extraordinarily prompt action of atropine in asthma is recorded by G. Zuelzer. Almost immediately after the subcutaneous injection of a milligramme

of the drug the area of pulmonary resonance is reduced by from three to five finger breadths, and the subjective sensations promptly subside. In a great majority of cases this remedy has shown itself of great value. Its action is explained by its paralyzing effect on the pneumogastric nerve. Though, in experiments on animals, irritation of the vagus has been found to give rise to muscular spasm of the bronchi and to pulmonary distention, such results do not follow if atropine has previously been injected.

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**THE DANGER OF DUST AS A CAUSE OF TUBERCULOSIS.**—Dr. George Homan asserts, in *The Journal of the American Medical Association*, that efforts toward the eradication of human tuberculosis will fail which do not take full account of household dust as a factor in the dissemination of that disease. Scientific tests have shown that the seeds of pulmonary tuberculosis, harbored within doors in the dried state, are capable of retaining their effective vitality for prolonged periods of time. Any method or procedure employed in inhabited buildings which causes dust to be disseminated must be considered as tending to spread the seeds of consumption. Hotels, clubs, theatres, office buildings, schools, churches, and business establishments generally should be required by law to introduce and operate dustless methods of cleaning; this part of their mechanical equipment being as necessary as provision similarly made for warming, ventilation, and for fire protection and fire escape. The employment of dustless methods in private residences is urged as being equally imperative for the control and suppression of all forms of tuberculous disease.

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**THE ELECTRIC SLEEP.**—*The New York Medical Journal*, quoting from *Le Presse Medicale*, says: Leduc gives the name electric sleep to a condition analogous to that of chloroform anesthesia, produced by a current of electricity upon the brain, administered in the manner which he describes. He states that in this sleep the subject lies without voluntary movement or sensibility to pain, that the condition may be maintained for several hours, and that it disappears instantly with the cessation of the current.

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**BEDSIDE OBSERVATION AS A SOURCE OF KNOWLEDGE.**—*The New York State Journal of Medicine*, quoting from a contemporary, says: The laboratory is rendering immense service to practical medicine to-day, but it cannot do away with the necessity for careful bedside observation of the

sick; nor are its conclusions to be regarded with the unfallibility which, in the minds of many, attaches to them. The student of to-day is likely to gain the impression that unless they rest on laboratory confirmation all diagnosis is doubtful, all prognosis uncertain, and all therapeutics unscientific. The laboratory has its limitations which are as distinct as those of clinical medicine. It is to be regarded as supplementary, but not as the whole thing.

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**LORD LISTER'S BIRTHDAY.**—Lord Lister on April 5 celebrated his eightieth birthday and was the recipient of an immense number of messages of congratulation from all over the world. This is also almost the fortieth anniversary of antiseptis, for the first of Lister's publications on the subject appeared in the *Lancet* of March 16, 1867, with the title: "On a New Method of Treating Compound Fracture, Abscess, etc.; Observations on the Conditions of Suppuration. By Joseph Lister, Esq., F.R.S., Professor of Surgery in the University of Glasgow."

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**FACIAL NEURALGIA AND RADIOTHERAPY.**—*The Medical Record*, quoting from *La Tribune Médicale*, says: Bécèle and Harrey have reported a case of facial neuralgia in which the pain disappeared after a course of radiotherapy. The patient was attacked seven years ago with an epileptiform facial neuralgia. Several surgical interventions were performed, but were followed by a subsidence of a violent pain for only a few months. Finally recourse was had to radiotherapy. This treatment resulted in the complete disappearance of the pain after four sittings eight days apart. The rays were directed toward the interior of the mouth against the alveolar border. The neuralgia has not returned since April 25, 1905.



A LITTLE girl of five years who had been promised that she might hold her new baby brother the next day, said to her mother: "I am so glad I can hold him, you know it feels so comfortable to hold a baby." Her mother inquired in surprise: "Did you ever hold one, how do you know?" and the child answered: "No, I never did, but I was thinking about it last night, and I thought how comfortable it would be."



## FOREIGN DEPARTMENT



IN CHARGE OF  
LAVINIA L. DOCK

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### THE PARIS CONFERENCE

American members at the Conference will wear a bow of red, white, and blue which will be furnished them by the Secretary.

Hotels recommended (in addition to those already mentioned) are:

Hôtel de la Minerve, 22 Rue de la Chaise, rooms 3 to 6 francs a night, petit déjeuner 1f., other meals 2f. 50c.

Villa de Dames, 77 and 79 Rue Nôtre Dame des Champs, rooms 4 to 6 francs, double-bedded rooms 6f. 50c. to 8f. 50c. Meals the same, en pension 8 to 10 francs a day.

Hôtel de Calais, Rue des Capucines (very central), about 12 francs a day.

Hôtel Montaigne, 28 Rue Montaigne, about 10 francs a day.

Double-bedded rooms cost about two-thirds for two persons.

To repeat the notice already given, the Secretary, Miss Dock, may be reached by mail via Brown Shipley Co., 123 Pall Mall, and the Headquarters of the International Council of Nurses, 431 Oxford St., will receive inquiries at all times. Our members of the English Societies and of the Irish Nurses Association are going in such numbers, and including women of such distinction, that nothing else, beside the participation of the French leaders, could be necessary to make the meetings a success, yet furthermore we shall have the great satisfaction of greeting numbers of our German sisters, and representatives from Holland, New Zealand, Australia, Denmark, Italy, from Canada, and, possibly, Belgium and Turkey. Miss Keith-Payne, one of the Councillors, is coming from New Zealand.

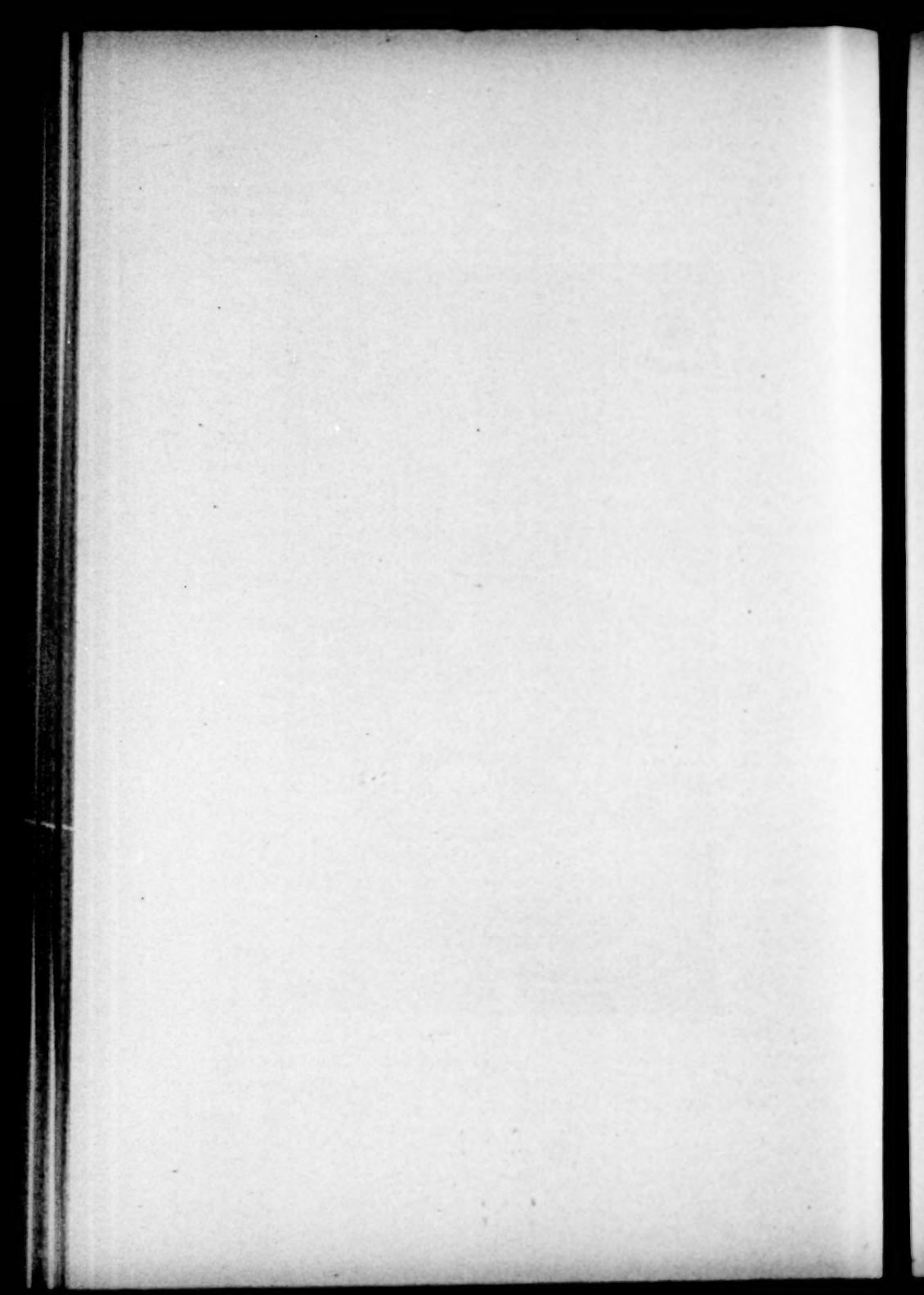
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### SOME SPANISH HOSPITALS

MISS REBECCA SHATZ, one of the members of the Nurses' Settlement in New York, who is now abroad, has visited some of the Spanish hospitals, and writes concerning her visit:

"The hospital of San Juan di Dios in Granada is a very old one.

A balcony in hospital of San Juan di Dios Granada.



having been founded some four hundred years ago, and the building now occupied is the original one. Connected with the hospital is a free medical college, the only one of its kind in Spain. I enclose two photos of the court of the hospital, from which you can see the characteristic style of construction of Spanish buildings of almost every kind. All the wards open off the court, and broad balconies on all sides afford a fine place for the patients to get sun-baths. In San Juan we found little evidence of an attempt at cleanliness or order; there are no sanitary arrangements, and no bath-rooms. We saw no bed-pans at all, but on the shelf by each patient's bed stood a *pot de chambre*, and next it the patient's dishes. We came upon only one sister in our tour of the hospital, and most of the work is done by ignorant servants. There were five hundred patients in the building, the most common diseases being tuberculosis and ophthalmia. The tubercular patients are in the general wards and are kept for an indefinite time, San Juan's being the city hospital. We went there on Sunday morning, evidently during visiting hours; children of every age were visiting their mothers, and the younger ones were seated on the beds of the patients eating all kinds of food brought with them, and much of it was scattered over the beds.

A great contrast to San Juan's was the large civil hospital at Seville. That, too, is a very old building, but there have been alterations to make it more up to date. It accommodates some seven hundred patients, and is situated just beyond the walls of the city upon a large tract of land, and upon the grounds are raised all vegetables used in the hospital. There is a regular farm run in connection with the institution and some of the work is done by the convalescents and chronic patients. The building was clean, the wards were large and sunny, and though we saw many primitive methods, there were evidences of progress, and attempts to have and use modern appliances. There were bath-rooms, and one of them fitted up with apparatus for giving all kinds of hydro-pathic treatment; also medical and surgical wards, the tuberculous patients being in wards set apart for their use. The operating room was well fitted up with modern appliances, sterilizers, etc. The instruments, however, are still kept in leather cases, labelled on the outside, and these are placed in the glass cases.

While in the male surgical ward a patient was brought in, an old man, with fractured femur. The stretcher was borne by two porters and followed by the house staff, one of whom was slipping into his white gown as he came along. The stretcher was placed in front of a bed, and the patient surrounded by visitors and convalescent patients while the doctor examined the injured member. No nurse or sister was

present, nor did one appear during our stay in the ward. After a while the patient was lifted upon the bed—needless to say there was no special method in the process—and being placed there the doctor, in presence of patients and visitors, attempted to set the bone. The two porters held the patient down in the bed by main force, while the doctor tried unsuccessfully to reduce the fracture. There was nothing in the way of splints and bandages at hand to apply after the treatment, and when the doctor left the patient, he lay there on the bed with no further attention while we were in the ward. We saw one sister on duty in one of the wards, but she was busy praying before an altar in the centre of the ward assisted by three convalescent children.

Dr. S. told me that the physicians are obliged to do almost all the work that in most hospitals is done by the nurses. We were much impressed by the abundance of sunlight in all the wards. The building has seven large open courts, with wards built around them, and each one is supplied with a very wide balcony, that makes it possible for the patients who are out of bed to be in the sunshine almost the entire day.

The kitchens were models of order, and the sister-in-charge showed us the dinner that was being prepared. The allowance of food seemed very generous, and certainly the patients appeared to be happy and contented. Judging from his gentleness, and his sympathetic manner with the patients, we were not at all surprised to find that Dr. S. seemed to be a great favorite.

We visited while in Seville the Civil Foundling Asylum, an institution in charge of the Sisters of Vincent St. Paul. It was immaculate in its cleanliness. The children were clean and well cared for, the little cribs looking attractive with the snowy white muslin curtains and the linen sheets, all hand embroidered. Every baby wore a woolen shawl or jacket and a little white bonnet, and were tucked so tightly in their beds that they seemed to have little room to move. The babies' bath-room was interesting to us; in the centre of the room was a great circular slab of marble in which were hewn out quite a large number of basins, big enough to use as bath-tubs for the babies. The older children have a very nice lavatory and opposite the wash-basins were hooks, numbered, and holding the towels of each child. The children are kept in the asylum until they are six years old and then sent to schools, where they learn some trade. I tried to find the picture of San Juan di Dios that you asked for but the only one I succeeded in getting is a photo of the painting of Murillo's San Juan, which hangs in the Caridad in Seville. He is represented as carrying a sick man to the hospital,



and as staggering beneath his burden when an angel appears and assists him."

Beside the hospital news a bit of Miss Shatz's letter relating to travelling acquaintances is peculiarly interesting at this moment, when every day may be fateful for the Russian people. She writes:

"Our Russian prince grows more interesting on acquaintance. He has a great fund of stories and of course has had interesting experiences. He told me the other day that he is thirty-three years old and until three years ago he lived the life of a Russian prince with no idea of the life and suffering of other classes. But there came the awakening, and his sympathies were so aroused that he endeavored in every way *within the limit of the law* to work for the people who were being persecuted. He is an LL.D. and devoted himself to defending the political and other prisoners whom he felt ought to be more justly defended. This brought him under suspicion, and he was twice arrested. He escaped once, but the second time he was confined for four months and finally sentenced to go to northern Siberia. His health was in a precarious state and his influential friends and physicians persuaded the court that the exile to Siberia would be certain death, and since he was a prince the court might be criticized. He would probably die soon, so they might let him go to a foreign country, and, if he died there, the Court would not be blamed. So, after a sojourn in Switzerland, he came to Capri. He is writing a book and Gorky, who lives near by, is his critic. He told us how, in his work in the judicial courts, he came into contact with many splendid people; how he was overcome with a sense of shame at his years of culpability to have aided, though unwittingly, in the persecutions of his fellow-men. He was sad to think that according to the law he did absolutely nothing that he was not privileged rightfully to do, and yet he is condemned to be in exile."

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The little "Yellow Pamphlet" of the *Hospital* magazine is being circulated widely in all countries; some persons, indeed, receiving two or three. The comments made upon it in America express disgust and amazement, for it is without a doubt a piece of vulgar villainy. As many of its recipients are at a loss to understand its *raison d'être*, it may be explained that it is only a piece of personal animosity. The *Hospital* cares nothing about the Paris Conference, neither does it admire American organization. It simply hates Mrs. Bedford Fenwick because she has always perceived and exposed its attempts to "lasso" the nursing profession, and because she is not afraid of it and never has been. This

hatred began as far back as the first days of the Hospitals Association. It pursued the Royal British Nurses Association in the same virulent spirit. It is quite a question in ethics whether any woman should subscribe to a paper which has so consistently vilified the organization of women, and which has hounded the women who lead organization in England.

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The Second International Congress on School Hygiene is to be held in London in August. The work of the Public School Nurse certainly should be recognized at this Congress, and we suggest to the officers of the Congress that they give it a place in their discussions. It has been amply proved that, while physicians can instruct and inspect, and while teachers can teach hygiene, the only way to get practical results in schools and among school children is to have the nurse in the schools.

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Sixty-two women have been elected poor law guardians in London in the recent elections. The women of Great Britain who love justice are naturally deeply indignant over the base tactics employed to defeat the Women's Suffrage Bill in the present session. Such tactics, however, must kill themselves eventually. The coming of women into politics, says Mr. Philip Snowden, M.P., would eventually mean a new civilization. In Finland, nineteen women have just been elected to the Finnish Diet or National legislature—a glorious fact—let all women note it well. This is the first election held in Finland since women received full suffrage, and this is the first time in the history of the civilized world that women will sit in a national parliament.

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*The Missionary Link* has the following editorial:

Among the significant ideas promulgated at the last National Congress of India are the following: "Let the repressive features of the caste system go. Let popular primary education, intellectual and industrial, be promoted with all possible rapidity, with a view to the elevation of the depressed classes. Let child widowhood and early marriages and other injurious and burdensome practices be abandoned. Let all friends of the family and the country, without respect to creed or race, join in driving the drink curse from the land. Let India press forward in all that goes to make her people truly great. Then will she move forward in the purposes of God, to whatever good He has ordained."

THE Missions of the Woman's Union Missionary Society include the following hospital stations:

Jhansi: Mary E. Ackerman-Hoyt Hospital and Dispensary. Address: Mary S. Ackerman-Hoyt Hospital. Fatephur: Address: Miss E. H. Todd. China: Shanghai: Margaret Williamson Hospital and Dispensary. Address: Medical Missionaries, Margaret Williamson Hospital, West Gate. Hospital supplies are always gratefully received.



It is interesting to note that just as inferior human races have never been without remedies for wounds and general ailments, so we learn that the members of the animal kingdom have been no less skillful in practising surgery and medicine. When suffering from parasites, they adopt curious methods, such as the use of dust, mud, clay, etc., to get rid of their implacable foes. Similarly, if they suffer from fever, they prudently restrict their diet, keep quiet, seek shades of darkness, or choose airy places, drink water, and sometimes plunge into it with the utmost eagerness. Most instinctively do they choose the right kind of food according to their changing conditions. An animal suffering from rheumatism always keeps as far as possible in the warmth of the sun. The scientist Latreille cut the antennæ of an ant, and discovered that other ants came and covered the wounded part with a transparent fluid secreted from their mouths. If a chimpanzee is wounded it stops the bleeding by placing its hand on the wound, or dressing it with leaves and grass. If an animal has a wounded leg or arm hanging on, it completes the amputation by means of its teeth.—*Leeds' Mercury Supplement*.

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SOME one asked the doctor's little girl what church she belonged to and she said: "My mother is a Presbyterian, but my father is a stomach-specialist."

## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

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### ONE VIEW OF WHY DESIRABLE PROBATIONERS ARE SCARCE

DEAR EDITOR: I have read with much interest the discussions concerning the shortage of probationers which have been going on in the JOURNAL during the last few months. It seems strange to me that any nurse who had herself gone through training could be surprised at this condition of affairs. Looking back at my training I can conscientiously say that had I a sister, a daughter, or a close friend, who contemplated entering the profession of nursing, I should most emphatically do all in my power to dissuade her from doing so.

Perhaps a short outline of my personal experience will explain my position. The hospital in which I was trained is a large general hospital, one of the first registered in New York state, and it affords an excellent variety of experience. The term of training is three years. The probationary period is two months, but may be extended, even to six months, at the discretion of the chief nurse; and under the clause of refusing to assign a reason for dismissal, the probationer may be dismissed at the end of that time. The work of the probationer is largely of a character which could be much more suitably performed by ward maids who, of course, would cost the hospital money. I remember the long mornings of scrubbing bath-rooms and sinks, carrying heavy breakfast trays into the wards and removing the same, dragging heavy screens which, with just a little extra money could have been made ball bearing, and the lifting, unaided, of heavy patients, all because the number of nurses in a ward were insufficient to spare time to assist each other.

After the probationary period was ended the really *hard* work began. No one who is really interested in nursing objects to work which, although at times almost unbearably trying, is *necessary*, but to the endless things which are made *unnecessarily* hard, and which a little thought or foresight could render so much easier. In our training-school, military discipline was maintained. Upper and lower classes had nothing in common, except where duty demanded it, seniors never speaking to those in the

lower classes. This is very well for the maintainance of rigid discipline, and certainly minimizes the duties of the chief nurse and her assistants, but is it best for the personal welfare of the nurses? Does it not tend to narrow them? It attaches undue importance to a position and condition that are, at best, temporary, and tends, in the end, to induce in many graduates, especially of our larger hospitals, an overbearing and unsympathetic manner very objectionable to private patients.

Our quarters were situated on the fourth floor, at the top of the house, in rooms which were dark and cheerless in the extreme. Four nurses slept in each room and we were obliged to make our own beds, and tidy our rooms. The rooms not being very large, were crowded with so many nurses. There was no incentive to make them cheerful and homelike, there was no privacy, and there was no room set apart for the sick pupil nurse who became ill. Unless her illness was contagious she remained in her room and was attended there, annoyed by her room-mates, and an annoyance to them. The hours of duty were long and uncertain. A nurse, having been on duty all day, would be told to continue on duty and special some operative case, or delirious patient, until midnight; or, having come off duty at seven and retired at ten, she would be called at midnight to special until morning, and would then continue on duty all day as though nothing had happened. This meant two hours' sleep out of twenty-four. The operating-room nurse, also a pupil, has to my knowledge, been called as many as five nights a week for emergency operations, but although she lost sleep for periods varying from two hours to half the night, no provision was made for her to make up the lost sleep on the following day.

During our second and third years in training, we were sent out by the hospital on private duty for which the hospital received sixteen dollars a week, and we received absolutely nothing. Some of the nurses who were well liked on private duty, spent almost all of their second and third years on cases, thereby losing the greater part of their operating room training, (some of them, all of it) and missing numerous lectures which, together with missed classes had to be made up as the nurse could manage it.

Is this fair? Is it conducive to the good of the nurses themselves, or is it a form of graft on the part of the hospital authorities? We were supposed to have one half day a week, and three hours on Sunday, but the slightest faults were sufficient to deprive us of them. Since I have graduated, I have found by inquiries among other nurses that this seems to be a trick of all training-school superintendents. I think it is most injurious, to say nothing of being unfair.



In most training-schools the hours are long enough, being from seven a. m. to seven p. m., and the nurses in our large hospitals frequently never leave the buildings except on their day off. When these are taken from them, they are frequently weeks without out-door exercise, yet the very nature of their occupation renders it necessary that it should be compulsory for at least an hour each day. This depriving nurses of their time, as a disciplinary measure, is very petty, and when applied to women supposedly engaged in an honorable profession, most undignified. Add to this the restrictions, many of them needless, that are placed around nurses and to which no other class of women would be foolish enough to submit. They are usually required to be in by nine-thirty, and they get off duty at seven p. m. Where can you go and get back by nine-thirty? Late leave, although supposed to be obtainable once a month, is doled out as the chief nurse's personal caprices dictate. As a consequence, there are whole months during which nurses never see a play and never get time to attend an opera. Nothing but hospital, hospital, hospital. No wonder work becomes mechanical.

Again, there is the rule, the breaking of which is punished by dismissal in many of our hospitals, that a nurse shall not speak to a doctor, yet no business man would dare to impose such a rule touching the intercourse of his stenographer with the clerks in his office, and I wager the discipline of said office does not suffer thereby. If this rule is not made in the interests of discipline, for what is it made? Surely you, superintendents, who uphold it, do not doubt the character of your nurses to such an extent that you do not trust them. In the New York Post-graduate school, where the nurses have a splendid home, no such rule is in force and in consequence members of the staff take little interest in each other, other than professional. It is prohibition which makes those things desirable. The same is true of the New York Lying-in and of several others, none of which have suffered by the omission of this ridiculous rule.

There seems to be proportionately little interest in the care of the pupil nurse from the physical standpoint. As Dr. Potter said, in her admirable paper on Venereal Prophylaxis, practically nothing is taught nurses concerning the great danger of infection from this ever present cause, and many are afflicted for life in consequence. Add to this the amount of tuberculosis in every general hospital, to say nothing of typhoid, and when, to these great disease centers, you bring women worn by long hours of duty and insufficient rest, and badly nourished, (because appetites succumb to the two foregoing conditions) and it need create no surprise that the constantly increasing cry of the newly gradu-

ated is, "Oh! I must rest up a while before I begin to take cases, I am all worn out."

Just at present the question of going back to the two years system of training is being agitated. If the hospitals had kept their word when the three year system was inaugurated; if they had increased the number of nurses, and had a large number of ward maids and orderlies; if they had created an eight hour system, and made the nurse's third year an educational advantage to her, I should say unhesitatingly that it would be a backward step to return to the two years course. As it is now, with the long hours of routine work, and little more than ordinary educational advantage in the third year, I can not see that, with the exception of a few progressive institutions which have really striven to better the conditions of the nurses, it is of any especial advantage to any but the hospital, which is thereby relieved from the necessity of paying salaries to graduates to hold its positions of operating-nurses, head-nurses, and night superintendents, those positions being filled by the senior pupil nurses.

I do not wish it to be understood from this discussion of the matter, that I think all superintendents and chief nurses, are narrow, selfish and prejudiced—far from it. Some of the finest, most broad-minded women I have ever met were hospital superintendents and chief nurses, women whose end and aim in life was the betterment of the conditions in their own training-schools, and the uplifting of the profession in general; but I do say, that there are an unfortunately large number who continue to regard the training-school as a reformatory, and the inmates as in need of discipline, and this view is *not* conducive to the betterment of the profession as a whole, nor will it tend to attract to that profession those women who, from a moral, social, and educational standpoint, are most desirable, if nursing, as a profession, is to attain to that standard of worth and excellence which its illustrious founders intended, and which many noble and disinterested women are still laboring and hoping to achieve.

CHRISTINE R. RUSSELL, R. N.,

COLON HOSPITAL, CANAL ZONE, PANAMA.

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### THE QUESTION OF RANK

DEAR EDITOR: In several numbers of THE AMERICAN JOURNAL OF NURSING letters have been written in regard to giving the nurses title or standing in the army; and some time ago some one used the term "intolerable conditions now existing in the army." Being a Spanish American war nurse, and also having served in the Philippine Islands, I would like to say a few words on the subject. What kind of standing

do we want in the army? What title do we want? Many think the officers, officers' wives and daughters do not pay us sufficient attention. We are not invited to their homes or social gatherings, but what difference does it make whether we are one of the four hundred or not? The officers and families constitute what, in civil life, would be the four hundred, and I doubt if many of the nurses in civil life are invited to the receptions given by Mrs. Potter-Palmer, Mrs. Marshall Field or others of the wealthy class. We do our work and do not feel slighted because of the lack of our invitations. It matters but little if our name is not on the calling list of society people, and why should our feelings be hurt if the same distinction is made in army life? Is not Chief Nurse a good enough title for the woman in charge of the nursing force? It seems to me this title is all sufficient. Would Lieutenant, Captain or General sound better? A lady is a lady everywhere. You cannot place her where she would not be a lady. Let her be in the kitchen, in the hospital or sick room, her manners, dress, and conduct proclaim this title and all good men will pay her the deference which is due to all good women. We cannot climb the social ladder by trying to force ourselves into the company of those who either do not want us or are indifferent, and every nurse should have sufficient resources of her own so that the question of class and caste would not cause her an anxious thought. Many seem to be of the opinion that only inferior women are government nurses. Those who say this do not know what they are talking about. Mrs. Kinney in the last number, gave a list of nurses who had served a number of years, for Uncle Sam. I am acquainted with most of those mentioned and finer women I do not know. There certainly are some inferior women in the military hospitals, but they are in the minority as in the civil hospitals, and as for the "intolerable conditions" spoken of as existing I found the conditions more than tolerable; they were pleasant. What kind of life the army nurse has depends very much on the commanding officer and chief nurse. In the civil hospital much depends on the superintendent. What is the difference? Each one gathers around her a circle of friends. This circle may be large or small, and the character depends on the individual. If our natures are coarse, wealth, birth, station or title will not draw to us people of refinement and culture; but if we are not coarse in nature, our friends will never have this quality. Let us do our best wherever we are, making the most of our opportunities, and our lives will not be in vain, although there is no title prefixed to our name. Methinks I hear the taps: "Bugle blow soft and low, through the hall, hear the call, good night all."

HARRIET E. SIGSBEE, R.N.

**A NATIONAL ASSOCIATION FOR VISITING NURSE WORK**

DEAR EDITOR: Having a knowledge of the visiting nurse work, I feel too much cannot be said to hasten the day when it may become of national importance. By making each city a centre from which to radiate by trolley to the near-by towns, a net-work of societies could be formed which would ultimately develop into a national organization, carried out somewhat under the same plan as the National Needlework Guild of America, that is by local boards of directors, each director soliciting a specified number of annual subscribers, and each board subject to a national board of directors. Is it worth while to consider this from a national point of view? Is it worth while to help others to help themselves both in city and country town?

EMMA R. CUTLER,  
Graduate Nurse, and President  
of Collingswood, N. J., Branch  
National Needle Work Guild.



AN English magazine in an article on Civilization and the Deterioration in Physique, refutes the statement so often made as to the decline of bodily vigor with the advance of civilization. It says the savage races are "poor, ignorant, improvident, oppressed by others' violence, or exhausted by their own; war kills them, infanticide cuts them off, pestilences sweep them away, and whole tribes perish by famine and small-pox. Civilization keeps alive, in every generation, multitudes who would otherwise die prematurely. These millions of invalids do not owe to civilization their diseases, but their lives. It is now satisfactorily demonstrated that the picked survivors of savage life are commonly suffering under the same diseases as their civilized compeers, and show less vital power to resist them. Lewis and Clarke, the first explorers of the Rocky Mountains, found Indian warriors ill with fever, dysentery, rheumatism, and paralysis, and whole tribes having no teeth left. The armor of the knights of the middle ages is too small for their modern descendents. Domestication is not weakness. Civilization, imperfect as it is, has already procured for us better food, better air, and better behaviour."

## OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y. The pages close on the 15th of the month.]

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### ANNOUNCEMENTS

#### • THE INTERNATIONAL COUNCIL OF NURSES

A MEETING of the executive committee of the International Council of Nurses (viz., the honorary officers, the vice-presidents, and the honorary presidents) will be held at the Hotel Normandy, 7 Rue de l'Echelle, Paris, on Friday, June 21st, at ten o'clock A. M. Several important matters of business are to be arranged by the executive committee, among them the place of meeting for the next Quinquennial in 1909.

National councils are reminded that all business before being brought to the Quinquennial meeting is to be presented to the executive meeting as notice of motion.

On account of the demand for rooms from members the headquarters of the council will be at the Hotel Normandy instead of at the Louvre Hotel as announced last month. The secretary may be addressed there and also through Brown, Shipley & Co.

LAVINIA L. DOCK, Secretary.

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The executive committee of the New York State Nurses' Association wishes to announce that in anticipation of the annual meeting to be held in Syracuse, October 15 and 16, Mrs. Gustin Welch of Niagara Falls, N. Y., has consented to act as chairman of the program committee. Members having topics which they would like to have presented at this meeting will kindly communicate the same to Mrs. Welch.

Miss Lina Lightbourn chairman of the committee on arrangements, and the nurses of Syracuse, have already formulated plans which, when perfected, promise to be of interest to all nurses throughout the state.

ANNA DAVIDS, R. N., President,

FRIDA L. HARTMAN, R. N., Secretary.

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### STATE MEETINGS

CONNECTICUT.—The fourth annual meeting of the Graduate Nurses Association of Connecticut was held at the Assembly Hall of the Hartford Hospital on Wednesday, May 1, 1907. The meeting was opened with prayer by Rev. Mr. Faucon. Dr. Winfield Smith, superintendent of the hospital, welcomed the association. Dr. Smith's address of welcome was a unique one in that it was the first time the association has been welcomed by a man who understood the purport of the association and the significance of registered nurses. His address



was the best statement of the value of state registration that has been made before the association.

The president's address reviewed the work of the year and dealt with the pending measures in the legislature which are opposed to our law for registration. The purport of the measures and the causes producing them were clearly explained and the association's coöperation, as a body and as individuals, enlisted for their defeat. A vote was taken to appoint ten councillors from the association for the various sections of the state, to keep all nurses informed and cognizant of matters of import to the profession. The afternoon session was occupied by papers on the subject of The Responsibility of the Registered Nurse by Miss Jeanie M. Campbell of Bridgeport, Miss Martha J. Wilkinson of Hartford, and Miss Mary Grace Hills of New Haven. Two selections of vocal music were furnished by Miss Alice H. MacCormac and the pupil nurses.

Officers for the ensuing year were elected as follows: Miss R. Inde Albaugh, president; Miss Martha J. Wilkinson, vice-president; Mrs. I. A. Wilcox, second vice-president; Miss Rose M. Heavren, treasurer; Miss J. M. Campbell, recording secretary; Mrs. E. Baldwin Lockwood, corresponding secretary; Miss Emma L. Stowe, Miss Mary L. Bolton, and Miss Ada Dalton, executive committee. The next meeting will be held in Waterbury in September. The next annual meeting will be held in Bridgeport in June, 1908.

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MARYLAND.—The regular quarterly meeting of the Maryland State Association of Graduate Nurses was held April 19, 1907, at the Robert Garrett Hospital for Children. There were about sixty present. The afternoon was devoted largely to the problems of the private nurse. Papers were read on the following subjects, interspersed by discussion: Nursing in Hotels, Miss McGuire of the Union Protestant Infirmary; Equipment of a Private Nurse, Miss Weitzel, University of Maryland Hospital; How Can Self-Respecting People of Small Means be Cared for when Ill? Miss Jean, Maryland Homœopathic Hospital; How Far Should a Nurse Specialize? Miss Ellicott, Johns Hopkins Hospital; What is Meant by a Good Private Nurse? Miss Ward, Baltimore City Hospital.

A letter from Miss Rolph, president of the University of Maryland Hospital Alumnae, was read, which presented a gift of \$275.00 to the association toward the support of the nurse doing work among tuberculous patients. The money was raised through an entertainment given for this purpose under the auspices of the Alumnae.

The president, Miss Packard, spoke of our moral obligation to the Red Cross Society, and urged the nurses to enroll themselves as members. The question, Shall We Become Incorporated? was referred to a committee to be appointed by the chair. The business meeting then adjourned and refreshments were served.

AMY P. MILLER, Secretary.

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OREGON.—In January of 1907, the Oregon State Nurses Association elected officers for the year. After two years in the nursing world the association found that its constitution needed some changes before incorporation could be considered. The executive board revised the constitution and it was accepted by the association in February. The nurses find laborious work before them,

as the association needs to take the place of alumni and county associations, none of which exist at the present time in Oregon.

The state association gratefully accepted the offer of *The Pacific Coast Nurses Journal*, and is now interested with them in the advancement of nursing on this coast. The very rapid development of Oregon brings to it nurses fresh from fields where things are being accomplished, and among them some well up in nursing matters and full of enthusiasm. To these nurses Oregon must look for much help in the future struggles of the profession.

The Oregon association has approved and is helping to establish nurses' rates which will harmonize with prices charged in other parts of the country. There is an awakening interest in state matters among the superintendents and nurses in charge of the smaller hospitals throughout the state. Their coöperation will mean much to the nurses now striving for the advancement of nursing. The Oregon Trained Nurses Association holds monthly meetings in Portland, and hopes to make quarterly and annual meetings of special interest.

LINNA G. RICHARDSON, President.

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MISSOURI.—The Missouri State Nurses' Association held a special meeting December 12 and 13, to formulate a bill for state registration to present to the coming legislature. Mrs. Gertrude M. Gibson, the president from St. Louis, and Miss Virginia M. Porter of Kansas City, were chosen to look after the interest of the bill in Jefferson City during the session of legislature.

The legislators passed through a siege of small-pox which discouraged and delayed their work and probably had its effect upon the non-passage of the bill. Our representatives deserve the utmost praise and commendation, as they, in a very limited time, secured the passage of the bill through the senate and to the third reading in the house, and it was left on the table by the final adjournment. While we were not successful this year, we failed by so small a margin, that we feel we should take courage and hope for better things next time.

A. B. ADAMS, Corresponding Secretary.

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INDIANA.—The Indiana State Nurses' Association will hold its fifth annual meeting in Indianapolis during the second week in September, 1907. There will be the election of officers and other important business to transact. A program of special interest is being planned, and there will be a full report of the national convention given by our delegate who is also our state president.

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VIRGINIA.—The Virginia State Nurses' Association will hold its annual meeting in October in Staunton, Virginia. The state examining board will hold the usual examinations in June.

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THE Michigan State Association will hold its third annual meeting in Battle Creek, June 4, 5, and 6. The nurses in attendance will be the guests of the Battle Creek Sanitarium where the meetings will be held. Some of the features of the meeting are the following papers: "On Organization," by Mrs. Emma A. Fox,

the well known parliamentarian; "Public Health Problems," by Miss Linda Richards; "Central Directories," etc. At this meeting the Michigan Association will transfer the funds which have been collected during the last three years for the endowment fund of the chair in hospital economies at Teachers' College, Columbia University. These amount to over five hundred and thirty-one dollars. A banquet at the sanitarium and an informal reception will be part of the entertainment provided.

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COLORADO.—The State Board of Nurse Examiners held its annual meeting at Denver on April 24, 1907. The following officers were elected for the ensuing year: Miss Maud McClaskie, president; Miss Mary B. Eyre, secretary-treasurer. The examination and registration of nurses were continued on the three following days. Five hundred and fifty-seven nurses have been registered to date. The State Association is affiliated with the State Federation of Women's Clubs and has elected Miss L. M. Fowler, superintendent of nurses at the City and County Hospital, Denver, as its delegate beside the president who is always expected to act. The statements printed in the May JOURNAL as to the result of examinations only cover the period up to January 1, 1907. Miss L. G. Welch has been reappointed for five years to the Colorado State Board of Examiners.

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COLORADO.—At the annual meeting of the Colorado State Trained Nurses Association, held in Denver, May 9th, the following officers were elected: president, Miss L. A. Beecroft, Pueblo; first vice-president, Miss M. Bullene, Denver; second vice-president, Mrs. E. R. Lee, Greeley; secretary, Mrs. C. Chamberlin, Boulder; treasurer, Miss A. Duff, Denver. Miss Clara Follmer, Colorado Springs, and Miss Maud McClaskie were elected to the Board of Directors, the former to fill an unexpired term.

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#### REGULAR MEETINGS

BROOKLYN, N. Y.—The annual meeting of the Alumnae Association of the Methodist Episcopal Hospital Training-school was held at the hospital April 10. Reports read from the different committees showed that a profitable year had been passed. A very good address was read by the president, dwelling particularly on the matter of devising some way of caring for the middle classes; she commented also on the lack of enthusiasm by Brooklyn nurses in the matter of registration. The secretary reported a total gain of four members during the year, and the treasurer's report showed the finances to be in a very good condition.

The results of the elections were as follows: President, Miss Shipman; first vice-president, Miss Stubenrach; second vice-president, Miss F. Smith; secretary, Miss Kenny; treasurer, Miss Ferris. Conveners of committees: Educational, Miss Waterman; press, Miss Kirkpatrick; social, Miss Sandberg; credential, Miss Culbert.

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PHILADELPHIA, PA.—The annual meeting of the Presbyterian Hospital Alumnae Association was held on Friday, May 3rd, thirty-three members being

present. The business consisted of the address of the retiring president, Miss Jennie A. Manly, the reports of the secretary and treasurer, and the election of officers for the ensuing year.

During the winter a program for the monthly meetings consisting of a question box, demonstrations in Hospital Work, and papers on Traveling with a Helpless Patient, Hints on Private Nursing, and the History of Nursing, was successfully carried out. The usual sum of \$50.00 was sent to Miss Foster, one of our foreign missionary members, toward the support of four orphan children in Kodoli, India.

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NEWTON LOWER FALLS, MASS.—The Newton Hospital Nurses Alumnae held their annual business meeting on April 24. Officers for the ensuing year were elected as follows: President, Miss H. E. McAfee; vice-presidents, Miss Araminta Wetmore and Miss Theodora McKiel; treasurer, Miss Josephine Abbott; secretary, Miss Bertha Allen; assistant secretary, Miss Emily J. Starkey.

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HARTFORD, CONN.—At the last annual meeting the board of managers of the Hartford, Connecticut, Visiting Nurse Association voted to provide central headquarters for their nurses, and in January a suitable flat was procured at 50 Spring Street. On March 5 the apartments were open for inspection by the board and a few guests, among whom we were honored by Dr. Gurdon Russel, President Emeritus of the Hartford Hospital, and a generous friend of the Visiting Nurse Association. The demands for the visiting nurse's services have greatly increased during the winter, which necessitated employing a third assistant.

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HARTFORD, CONN.—Hartford members of the Guild of St. Barnabas enjoyed a talk on "Missionary Nursing Among the Igorrotes," by Mrs. Staunton, who is seeking volunteers for the work in the Philippines. Mrs. Staunton brought many interesting curios from the natives, among them an undervest made of gauze bandages—an example of industry and economy to us, though scarcely practical.

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MIDDLETOWN, CONN.—The State Association of Visiting Nurses held its annual meeting April 16, at the parish house of the First Congregational Church in Middletown, Connecticut, and the following officers were re-elected: President, Miss M. J. Wilkinson, Hartford; first vice-president, Miss Mary Beard, Waterbury; second vice-president, Miss Martha Ball, Middletown; secretary and treasurer, Miss Mary G. Hills, New Haven. The report of the secretary and treasurer was read and accepted; four applications for membership were considered and the following nurses were admitted: Miss Yates, Holyoke Hospital, now employed in Middletown; Miss Markham, Rhode Island Hospital, Providence, Rhode Island, now in New Haven; Miss McCormac, Hartford Hospital Training-school 1905, Hartford, and Miss Henrietta Van Cleft, Presbyterian Hospital, New York. Miss Van Cleft was formerly connected with the Henry Street Settlement, New York, but is now doing rural nursing in Lakeville and surrounding districts.

**INDIANAPOLIS, IND.**—The Indianapolis City Hospital alumnae association met with the president, Miss Currie, at The Meridian, on May 3rd. After a short business session the meeting resolved itself into a very informal social function. A guessing contest caused a good deal of merriment. Eighteen were in attendance. The next regular meeting will be in July.

**MONTCLAIR, N. J.**—The quarterly meeting of the Mountain Side Alumnae was held at the nurses' home on April 18. Reports were read, interesting subjects discussed, and later there was a social half hour with refreshments.

**SCRANTON, PA.**—The regular monthly meetings of the Scranton Training-school for Nurses were held at the State Hospital on March 21 and April 11. At both meetings the registration bill was discussed. Miss Drinker was elected as a delegate to the state convention at Reading in May.

**RICHMOND, VA.**—The Old Dominion Alumnae Association held its annual meeting May 2nd at the nurses settlement, Richmond, and the following officers were elected: President, Mrs. Ernest Keese; vice-president, Miss M. Ewald; secretary, Miss E. R. P. Cocke; treasurer, Miss A. B. Corling.

**PITTSBURGH, PA.**—On Thursday evening, April 25, the third meeting of the Mercy Hospital Nurses' Alumnae Association took place at the Mercy Hospital, Pittsburgh, Pa. Officers for the coming year were elected: President, Miss Margaret Garvey; first vice-president, Miss M. Regis Kiley; second vice-president, Miss Helen Splaine; secretary, Miss Becca St. Clair; treasurer, Miss Nora B. O'Sullivan. The association has a membership already of one hundred. The next meeting will be held on Thursday evening, August 29. Papers for discussion will be prepared and read.

**PATERSON, N. J.**—The regular meeting of the Paterson General Alumnae Association was held at the hospital on April 2nd. One new member was admitted. A social half hour, at which the entertainment committee served tea, was enjoyed at the close of the meeting.

**PHILADELPHIA, PA.**—The annual meeting of the Nurses' Alumnae Association of the Jewish Hospital was held in the lecture room of that institution Tuesday, April 2nd. There were fifteen members present. The treasurer's report was read and showed the association to be in an excellent financial condition. The annual report of the secretary on the work of the association was read and received. The president made her annual address, which was received with much enthusiasm. The election of officers for the coming year resulted in the re-election of Mrs. Allen F. Myers as president and Miss Mary Graham as first vice-president. Miss Heiman was elected second vice-president; Mrs. Edward Behrend, member of the executive committee; Miss E. Henning, delegate to the annual convention of the Associated Alumnae of the United States; Mrs. Walter F. Pullinger, secretary and treasurer.



The retiring secretary-treasurer, Miss R. Halsey, has taken up private nursing, and being very successful has little time for the arduous duties of that position. Refreshments were served and a most delightful time followed.

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NEW YORK, N. Y.—The regular meeting of the Lebanon Hospital Training-school for Nurses was held at the training-school, April 9, at three p. m. The meeting was well attended and considerable business transacted. Plans for an entertainment in November to raise a fund to endow a bed at the hospital which will be controlled by the Nurses' Alumnae Association was decided upon and steps have already been taken toward the accomplishment of this undertaking. The officers for the year are: President, Marguerite J. Clancy; vice-president, Josephine McCaffery; second vice-president, Harriette Rosenbluth; treasurer, Mary Burns; corresponding secretary, Marie Schmidling, 107 East Eighty-sixth Street, New York City; recording secretary, Marie Cronin.

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NEW YORK.—The Alumnae Association of the Lebanon Hospital, New York City, has just completed arrangements for an entertainment and dance to be given at the Waldorf-Astoria, Saturday, October 19, for the endowment of a private room at the hospital for its sick members. A souvenir journal is being prepared and it is hoped that the income from the advertisements in this will add considerably to the fund. Tickets will be sold at a dollar each, boxes can be had and donations will be appreciated. Information can be obtained from any of the alumnae members or from the president Miss Marguerite Clancy, 1053 Tinton Avenue, New York City.

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CINCINNATI, OHIO.—The Jewish Hospital Alumnae Association held its regular monthly meeting and annual social meeting at the Jewish Hospital on May 3rd. The principal business of this meeting was the election of officers for the year 1907 and 1908 as follows: President, Mrs. Ilse; vice-president, Miss F. Williams; corresponding secretary, Miss Tyrwhitt; recording secretary, Miss E. R. Ardill; treasurer, Miss Isabel Ardill; program committee, Miss Williams and Mrs. Wilkinson.

Two interesting papers were read, one on settlement work, dealing with Miss Lillian Wald's settlement work in New York, contributed by Mrs. Coehnower, and one on Experiences of American Nurses in Japan, by Miss Meilziner. The meeting then adjourned to the nurses' hall, where Miss Greenwood, on behalf of the graduating class, extended a cordial welcome to the members. Tea was daintily served on the balcony.

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#### PERSONALS

MISS ETTA FREEDLANDER, class of 1897, Hahnemann, Chicago, has gone to Seattle, Washington, to live.

MISS MOSS, graduate of the Protestant Hospital, Norfolk, has resigned from the position of superintendent of the King's Daughters Hospital, Portsmouth, Va.

MISS CORA OVERHOLT and Miss Ella Myers, former principal and assistant at Hahnemann Hospital Training-school, Chicago, have recently been guests at the school.

MISS FRIDA L. HARTMAN, secretary of the New York State Association, has been appointed head nurse of the gynecological ward of the Jewish Hospital, Brooklyn, N. Y.

MISS ELIZABETH DETWILER, graduate of the Illinois Training-school, has resigned the superintendency of the Danville General Hospital, Danville, Va., to take effect June 1st.

MISS ADELAIDE LEWIS (University Hospital, Pa.), a member of the nursing staff of the Presbyterian Hospital, Chicago, has just returned from a two months' trip in Europe.

MISS E. D. MILLS, for four years on the staff of the School for Nurses of the Presbyterian Hospital, Chicago, has recently taken charge of the Edmunson Memorial Hospital, Council Bluffs, Iowa.

MISS GERTRUDE M. FOWKES, Hartford Hospital Training-school 1905, has resigned her position as superintendent of the Middlesex Hospital, Middletown, Conn., to be married in June to Dr. John Loveland, of that city.

MISS MARGARET TOOKER, who has been for some years the superintendent of nurses at Michael Reese Hospital, Chicago, has given up her position and has retired to farm life. She is succeeded by Miss Mayfield of the same school.

MISS CARRIE BECHTLE of the Army Nurse Corps, stationed at the Presidio in San Francisco, Cal., for several months, was compelled to return to her home in Evansville, Indiana, in March, on account of the deaths of her father and sister. She will remain at home indefinitely.

MISS JEAN MCNELLY, a graduate of Mercy Hospital, Pittsburgh, has been appointed superintendent of the Washington Hospital, Washington, Pennsylvania. She was formerly night supervisor at Lakeside Hospital, Cleveland, and has recently been head nurse of the operating room at Mercy Hospital.

MISS MARGARET MCKINLEY has sold her interest in the McKinley Home and Registry for Nurses, 4955 Washington Boulevard, St. Louis, Missouri, to Miss Louise Niebuhr, of the Illinois Training-school who will continue the work under the same name. Miss McKinley expects to travel abroad for a year, spending the present summer in Dublin.

MISS MENIA D. TYE, first president of the board of examiners for nurses in Indiana, has resigned her position on the board, and is now superintendent of nurses in Washington University Hospital, St. Louis, Mo. Miss Lizzie Cox, of Elmhurst, Ind., was made president in her place, and the governor will appoint a new member to complete the board of five.

#### BIRTHS

BORN.—At Upperville, Fauquier County, Va., April 2, 1907, a daughter to Mrs. Frederick Gochnauer (nee Peak).

BORN.—At Poughkeepsie, N. Y., April 23, a daughter to Mrs. I. H. Miller. Mrs. Miller was Miss Florence McDonald of St. Luke's Hospital, Utica, N. Y.

**MARRIAGES**

**MARRIED.**—At Temperanceville, Virginia, April 4, 1907, Miss Mary Bruce Seay to Dr. Richard Randolph Nevitte. Dr. and Mrs. Nevitte will make their home in Temperanceville.

**MARRIED** at Elkhart, Indiana, March 9, 1907, Miss Edith Geiger, class of 1903, Hahnemann Hospital Training-school, Chicago, to Mr. Earl MacBride. They will reside at Kansas City, Missouri.

**MARRIED.**—Miss Olive Marion Barrett, class of 1902, Methodist Episcopal Hospital, Brooklyn, to Mr. Henry Van Steenberg, on Wednesday, April 10, at Toronto, Canada. Mr. and Mrs. Van Steenberg will reside in Philadelphia, Pa.

**MARRIED.**—On April 17, 1907, Jeannette Marie Boer, to Dr. Abel James Baker. Miss Boer is a graduate of the Butterworth Hospital Training-school, class of 1905. Dr. and Mrs. Baker will make their future home at 427 Turner Street, Grand Rapids, Michigan.

**MARRIED.**—On April 24th, at South Shaftesbury, Vermont, Miss Susan Dyer Monroe to Dr. Charles C. Sweet. They will reside at Ossining, N. Y. Mrs. Sweet was a graduate of the Samaritan Hospital, Troy, N. Y., and was formerly assistant superintendent of nurses there.

IN Scranton, Pennsylvania, January 9, 1907, Miss Llewellyn Hathaway was married to Mr. Thomas B. Akin. Miss Hathaway was graduated from St. Luke's Hospital Training-school, New Bedford, Massachusetts, class of 1905. Mr. and Mrs. Akin will make their home in New Bedford, Massachusetts.

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**OBITUARY**

**SARAH A. BRUYA**, a graduate of the Worcester City Hospital Training-school for Nurses, class of 1899, died at Middlebury, Vermont, April 9, after a long illness.

**MARY P. HEWTON**, a graduate of the Lowell General Hospital, class of 1906, died at the hospital on April 8th. At a special meeting the alumnae association of the school drew up resolutions of regret at her loss.

**DIED** at the Norfolk Protestant Hospital, Norfolk, Va., on August 11, 1906, of typhoid fever, Katherine E. Lumley, a graduate of St. Marylebone, London England. In Miss Lumley's death the profession sustains a great loss. She was of a firm type of womanhood and her professional ability was of the highest order.

**MISS BUBEY**, class of 1906, Methodist Episcopal Hospital, Brooklyn, passed away in that institution in February. She contracted typhoid fever and after an operation for a perforation, peritonitis developed. Although only partly through her training she had proved herself energetic and conscientious and her classmates sincerely regret her loss from their ranks.

**DIED** at the home of her sister, in Lansing, Michigan, April 7, 1907, of pneumonia, Mrs. Junia Stephens. Mrs. Stephens was a graduate of Nichols Hospital, Battle Creek, Michigan, a member of the Michigan State Association, and

of the Lansing and Ingham County Nurses' Association. She was of an amiable and lovable disposition, and her death is a great loss to her associate nurses as well as to her family.

BROOKLYN, N. Y.—On Easter Sunday afternoon services were held in the new chapel of the Methodist Episcopal Hospital for the purpose of unveiling a tablet in memory of Dr. Fowler. The inscription on the tablet reads: In memory of Dr. George Ryerson Fowler, Surgeon to the Methodist Episcopal Hospital, 1887-1906. This tablet is erected by The Society of Ex-Internes, In grateful recognition of him as Teacher, Counsellor, Friend.

THE Alumnae Association of the Augustana Hospital Training-school for Nurses, Chicago, announces the death of a member, Miss Augusta Erickson, class of 1899, which occurred in Moline, Ill., March 28th, due to ptomaine poisoning. Miss Erickson was at the time of her death the visiting nurse of Moline, where she was highly esteemed by rich and poor. She had also done conspicuous work for the Illinois State Association in its work for registration of nurses, and her untimely death has left an aching void in the hearts of her many friends and co-workers.

RACHEL JANET ELDRIDGE, a graduate of the Buffalo Training-school and of the New York Memorial Hospital died at the home of her mother at Ovid, Michigan, on April 29, after an illness of more than a year. Miss Eldridge had been matron of the Bowman Hospital, Duluth, Minnesota; superintendent of the Northwest Hospital, Minneapolis; and superintendent of night nurses at Roosevelt Hospital. She finally located at Atlanta, Georgia, where she remained until broken health forced her to give up her work. Her patience and courage during the long months of extreme suffering were beyond expression. She was loved by every one who knew her and is mourned by all.

THE death of Clement J. Bradfield, a member of the Mills' Training-school for Nurses, took place at Bellevue Hospital, April 21, 1907. Mr. Bradfield contracted pneumonia while in pursuit of his work in that institution, and after a severe illness of two days, died. The funeral took place from the Mills' Training-school for Nurses, Monday, April 22, and interment in Philadelphia, Pa.

Mr. Bradfield was a native of England, and was in the second year of his course of training. By his kind and unassuming manner he had won the respect and affection of those associated with him.

He leaves a father and mother in England and a sister, Miss Emily A. Bradfield of Philadelphia, also a trained nurse, who have the heartfelt sympathy of the entire school.

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## TRAINING-SCHOOL NOTES.



THERE has been recently erected in Schenectady, New York, in connection with the Ellis Hospital, a home for nurses, which is possibly as complete as anything of its kind to-day. We owe this beautiful home to the benevolence of Mr. Joseph W. Smitley by whom it was erected and of Mr. John Smitley by whom it was furnished, in memory of their mother, "Kiziah Whitmore Smitley." It is known as the Whitmore Home. Every detail is perfect. The home is sufficiently remote from the hospital to have delightful home atmosphere, and still is very accessible. Nothing for the comfort of the nurse has been overlooked. It accommodates the staff and pupil nurses of the Ellis Hospital, with apartments for the superintendent of nurses.

The floors are all of hard wood beautifully supplied with oriental rugs. The library and reception rooms are most attractive. Mr. Smitley has also furnished for the nurses a complete collection of all the standard works as well as a selected reference library, also the best magazines published are sent each month to the home. The sleeping apartments are models of their kind, with a sufficient number of bath appliances. We cannot but hope that the nursing work and nurses may find many such friends as Mr. Smitley. A more fitting memorial than the "Whitmore Home" would be hard to find.

THE S. R. Smith Infirmary (of Staten Island, New York) Training-school for Nurses gives the following information regarding special service for nurses in contagious diseases in affiliation with other schools for nurses.

This school will affiliate with such registered training-schools for nurses as may desire to furnish their pupils with training in diphtheria and scarlet fever under the following regulations:

1. Only pupils who have completed their first year will be received.
2. The school sending a nurse may select the service (either diphtheria or scarlet fever) or elect to have the term of not less than six or more than eight weeks divided equally between the two.
3. When both services are accepted, a day off duty is allowed in making the change.
4. Pupils taking this service are advised to make use of either probationer's, or well-worn uniforms. Also well-worn underwear.
5. It is expected that a limited wardrobe will be brought.
6. Pupils entering the diphtheria service are expected to receive an immunizing injection of antitoxin. In case pupils contract either disease while on duty in the contagion wards they will be duly cared for, but their places must be filled from their own schools.
7. Graduate nurses are eligible to this service.
8. No theoretical teaching is given.

NEW YORK, N. Y.—The graduating exercises of the Lebanon Hospital Training-school for Nurses were held at the training-school on Wednesday evening,



April 10. The usual addresses were given and the Hippocratic oath administered. Dr. Henry Roth presented the following nurses with their diplomas, and Mr. Jonas Weil, president of the hospital, with their pins: Margaret Agnes Leonard, Carolyn Elizabeth Depew, Helen Agnes O'Shea, Lenore Marie McIntyre, Jannie Chariff, Clara Baron, Theresa Rimsky, Freida Golda Katz, Bessie Frances Aiken, Pauline Horwitz, Lydia Jane Stratton, Annie Elizabeth Aiken, Esther Grover.

Mr. Jonas Weil's awards of twenty dollars and fifteen dollars in gold were won by Miss Rimsky and Miss Stratton. Mr. Harry Stern's annual presentation of hypodermic sets was not forgotten, and Dr. A. Mayers gave each graduate a thermometer. The alumnae association also presented the class with a small token. The hall was decorated with palms and the school colors, purple and gold, and the abundance of flowers which the graduates received added much to the beauty of the room. After the exercises there was dancing, and refreshments were served.

ELEVEN nurses were graduated from the Indianapolis School of Nursing, Indianapolis, Indiana, on the evening of May 2nd. An address was made by Hon. Hugh Th. Miller, Lieutenant-governor of the state, and the diplomas were presented by Hon. Charles Bookwalter, Mayor of Indianapolis. The graduates were: Marion Colerick, Bessie Daller, Georgia Funk, Mabel Goodale, Flora Belle Holder, Lena Holten Kimberlin, Ethel McKinstry, Virginia Mayo Robinson, Edna Grace Shackford, Mary Shauck, and Nellie Wollom.

THE annual commencement exercises of the Farrand Training-school for Nurses were held at the Swain Home, Harper Hospital, Detroit, Michigan, on Tuesday evening, April 16.

PRESIDENT A. C. DUNHAM of the Hartford (Connecticut) Electric Light Co. has donated five thousand dollars to the Hartford Hospital for a new operating room for private patients.

THE Sheppard and Enoch Pratt Hospital School for Nurses held a demonstration of methods and appliances by the candidates for graduation on May 6, 1907, the program was Cleansing bed bath, Arm bandage for Neuritis, Leg bandage, Head bandage, Cold ablutions, Head treatment, Back treatment, Pack for violently excited patient, Drip sheet, Resting jacket, Preparation for Lumbar Puncture, Serving tray for Diabetic patient, Attractive lunches, Exhibition of Clinical Charts and Mental Records. An opportunity was afforded to inspect some of the wards and the hydrotherapeutic establishment at the conclusion of the demonstration, after which lunch was served in the recreation hall to those in attendance.

THROUGH the generosity of Mrs. John K. Branch, a fourth nurse has been added to the district nursing force of the Nurses Settlement, Richmond, Virginia.

FOUNDER'S DAY was celebrated at the Mary Thompson Hospital, Chicago, on May 8th, by the opening of a new nurses' home which has been erected by the board of managers.

THE graduating exercises of the Albany Hospital Training-school for Nurses were held at the Albany Academy, on the evening of May 17, followed by a reception at the nurses home.

THE attention of all JOURNAL readers is called to the educational opportunities offered yearly by Columbia University. Among the many courses of study—music, languages, history, and all classical and scientific subjects—which are given in the Summer School, there are always three courses of special interest to nurses, dieticians, and all those whose work deals with the human body and its functions and needs. These are the courses in Chemistry, Domestic Science, and Physical Education. For the full announcement, application should be made to the secretary of the summer course, Columbia University, New York, from whom full particulars can be obtained.

THE following program, presented for the benefit of the senior medical students of the University of Iowa, was recently practically demonstrated by the senior and junior nurses of the University Hospital.

1. Bed-making.
2. Admission of patient.
3. Bed-bath.
4. Care of mouth, hair, and nails.
5. Changing of bed.
6. Mustard foot-bath in bed.
7. Typhoid tub-bath.
8. Hot pack.
9. Application of turpentine stupe, application of poultice.
10. Bandaging foot; hand and arm; head bandages.
11. Preparation for emergency operation in private house.

THE second graduating exercises of the School for Nurses of the Presbyterian Hospital, Chicago, were held on Thursday, April 11, in the nurses home. Seven nurses received diplomas.

A RECEPTION was given by the president and board of managers of the Presbyterian Hospital, New York City, to the class of 1907, at the school of nursing, Florence Nightingale Hall, 37 East Seventy-first Street, on May 15.

THE graduating exercises of the Paterson General Hospital Training-school for Nurses, Paterson, N. J., were held in St. Paul's Parish House on May 3, 1907, when the following nurses were given their diplomas by Walter B. Johnson, M.D., president of the hospital: Miss M. M. Marshall, Miss Elizabeth Mangold, Miss Anna Greenan, Miss Anna Cole, Miss Ellen Clark, Miss Edith Cooper, Miss Katherine Irwin, Miss Albertine Trottier, Miss Rose Ranson, Miss Mary N. Tendrum, Miss Myra Tendrum, Miss Mamie Chappell, Miss Maud Winnie, Miss Lucy Reynold. This class is the largest ever graduated from this school. The surgical prizes awarded by Dr. McCoy were won by Miss Cooper and Miss Reynold. Mrs. Clara Weeks Shaw, founder of the school, spoke a few words about the improvements that have taken place since her departure. The address of the evening was given by Miss Emma D. Cushman, class of 1892, who has been a missionary in Asia Minor, on "The Life That is Worth While." Miss O'Neil, dean of the school, was presented by the medical staff with a beautiful brooch.

THE graduating exercises of the Johns Hopkins Hospital Training-school for Nurses were held on May 23d, followed by a reception in the hospital grounds. The address was made by Mr. Arthur B. Kinsolving, and the diplomas were distributed by Mr. Henry D. Harlan. The graduates were: Helen Adams, Sarah R. Addison, Elizabeth Benzinger, Rosa F. Boley, Florence A. Boyce, Inez Cadel, Emma E. Carter, Grace V. Carter, Edith Coale, Sue B. Crenshaw, Ethel Freeman, Alice E. Henderson, Mary E. Hooper, Mary A. R. Keating, Leah Kirkland, Helen Landers, Colina MacDonald, Alice C. Mills, Anne H. O'Connell, Florence M. Patterson, Bertha B. Quaintance, Agness M. Raymond, Mary E. Reed, Mary H. Saxton, Camas D. Shipley, Berta D. Staley, Effie J. Taylor, Sarah M. Thomas, Charlotte A. Turford, Mary E. Tyree, Beatrice A. Whish, Mary L. Willis. A scholarship was awarded Miss Staley to pursue post-graduate study and special work in the school.

THE graduating exercises of the Training-school for Nurses of the Hospital of the Good Shepherd, Syracuse, N. Y., were held on May 23d. The following nurses received diplomas: Mary E. McClure, Clara E. Cummings, Elizabeth K. McCuen, Anna M. Taylor, Helen E. Freer, Anna M. Brillbeck, Bessie O. Finch, Antoniette V. Mercelis, Kathryn M. Vincent, Margaret V. Conley, Ada B. Powell, Mary A. Finnegan, Mary E. Lemax, Grace E. Abbott, Gertrude M. Cushman, Annie Bishop, Katherine A. Schemel, Helena C. Johnston, Gertrude M. Grant, Estelle C. Hitzelberger, Emily E. Davis. Three nurses from the Thanksgiving Hospital, Cooperstown, N. Y., received certificates for a special course in pediatrics: Alice M. Lindgren, Fanna Stringham, Audrey M. Corson.

Through the benevolence of a Chicago gentleman, a farm of one hundred and sixty acres in Indiana has been secured for the purpose of providing convalescent children with good air and food. Provision will be made for ten children every two weeks who will be selected by the visiting nurses from those under their care. If the plan proves successful this year it may be made permanent. Miss Nina Benton, a graduate of the Hahnemann School, Chicago, will be in charge.

THE graduating exercises of the Garfield Memorial Hospital School for Nurses were held on May 23d. Addresses were given by Admiral Rixey, Surgeon General of the Army, and by Hon. James R. Garfield, Secretary of the Interior. The graduates were presented by Dr. Yarrow, president of the medical staff, and the diplomas were conferred by Justice Harlan. The graduates were Katherine Kramer, Irene Hamilton, Nannie C. Cline, Jeannette I. Parrish, Edith J. Carl, Mottie Good, M. Ethel Teague, Ada M. Pendleton, and Anna B. Annett.

THE graduating exercises of the Training-school for Nurses connected with the Chicago Baptist Hospital took place on the evening of May 28th in the Immanuel Baptist Church. Addresses were made by the Rev. Johnston Myers, D.D., and by Dr. Frank Wieland. Miss Royan, the principal, administered the Hippocratic oath and the diplomas were presented by Mr. Samuel J. Sherer, president of the board of directors. The graduates were: Wilhelmina Weaver, Ruth A. Buckley, Anna C. Kniebes, Mary A. Walker, Ada G. McLean, Gertrude E. Beck, Ethyl E. Walker, Gladys J. DeMars, Harriet I. Condon, Alma A. Ayres, Deborah B. Richter, Elsie Gray, Jeannette S. Van Houte, Clara E. Russell, Sophia C. Anderson, Lillian M. Kervis, Fannie E. Van Kirk.

## PRACTICAL SUGGESTIONS



IN caring for infants during hot weather, great attention should be paid to the clothing. A knitted band over the abdomen, light woolen hose, a napkin and thin slip, are usually enough during hot weather. The feet should be noticed, often, and if they are cold to touch, a hot water bottle should be applied, but no blanket or quilt put over the child.

M. C. L.

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USE light, woolen blankets in cold weather, not cotton bed-cloths or quilts, they are not as warm and are very heavy for a helpless infant. Use hot water bottles freely, both in winter and in summer.

M. C. L.

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INFANTS should have a little cool water, that has been boiled, every three hours during hot weather. A teaspoonful of orange juice, in three teaspoons of water, fed early in the morning, is very refreshing to an infant and is sometimes useful in cases of constipation.

M. C. L.

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A NEWSPAPER is authority for the statement that castor oil makes a soothing external remedy for burns, when mixed with sufficient water to form an ointment. A nurse would wish to try this remedy for herself before recommending it, though it sounds genuine. Another remedy for small burns, such as are received while cooking, is a wet dressing of household ammonia. This is almost always on hand in a kitchen and stops the pain immediately. This was first suggested to the writer by a woman physician who explained its action as being that of a local anæsthetic.

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MELT a small piece of imported castile soap until it is a jelly, into this stir yellow corn meal with a silver fork until it is thick. This is excellent to use for cleansing the hands before scrubbing up for an operation or a dressing. If used often and followed by a hand lotion composed of 2 oz. glycerine, 2 oz. spirits camphor, and 6 drops of 95 per cent. carbolic, it will keep the hands soft and smooth in the coldest

weather. The soap and corn meal mixture should be prepared only in small quantities, for if it stands long fermentation will begin.

J. A. T.

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PROBABLY every woman who has cooked cocoa has found the cocoa pan difficult to wash. A much tried amateur cook found that if the stew pan in which the cocoa is to be made is thoroughly wet all over, before the milk is put in to heat the milk will not adhere and it will wash easily.

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As we hope the whole nursing world is about to pack its bag for a summer outing, a few travelling suggestions may not come amiss. A roll of cheesecloth squares, of the absorbent variety, will be found invaluable on a long trip to be used for washcloths, towels, handkerchiefs, dusters, napkins or for any need that arises. Several dozen occupy a very small space. A bag large enough to hold one's hat with a draw string to hang it to a hook in the train will prove a convenience. Lemon juice is a comfort when one's skin becomes irritated by dust. Beef extract or sweet chocolate may keep one from starvation when connections with dining-cars fail; it is well to have some such resource on hand. If a nurse is travelling with a bottle-fed baby for a long distance, she should not depend only on her carefully prepared food supply, but should carry also some kind of baby food that can be made with water, as no one can tell when milk may sour or ice give out.

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If cheese cloth is wet it can be torn like any cotton cloth.

E. R. S.



"THE majority of cases to which private nurses are summoned are in the first instance acute ones, in which it is imperative that they should be on the spot as soon as possible. In our opinion it is just as much a part of a private nurse's duty to so order her affairs as to be able to start immediately on receipt of a call as to know her work thoroughly. She should have the bulk of the things she will require ready packed, so that she will only have to add a few toilet necessities before her box is ready."—*British Journal of Nursing*.



## BOOK REVIEWS

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**MIDWIFERY FOR NURSES.** By Henry Russel Andrews, M.D., B.S., London.; M.R.C.P., London; Assistant Obstetric Physician to, and Lecturer to Pupil-Midwives at the London Hospital; Examiner to the Central Midwives Board. New York: Longmans, Green & Co., Publishers. London: Edward Arnold.

One would like to know more of the "Pupil-Midwives," to whom this book is dedicated. So comprehensive a text-book on obstetrics would be little suited to the midwife as known in this country; and that the book is not meant for nurses who after a thorough general training decide to make obstetrical or monthly nursing a specialty the rules laid down in Chapter XXVIII plainly indicate.

These rules which seem to be the pith of the Central Board of Midwives while they do not exactly prohibit the midwife from nursing other non-contagious cases certainly limit her capability when, for instance, they list the drugs necessary for her to have a knowledge of: "ergot, castor oil, chloral-hydrate, sulphate of magnesia, compound liquorice powder, and olive oil." Here again we are in need of light. If the same rules apply to the English trained nurse and the American, it would seem that the midwife carries greater powers and responsibilities than her more carefully trained sister the nurse. The rules are not all so generous as this particular one which allows a woman of a few months training to administer chloral at her own discretion; there comes rule 16 which must of necessity be obnoxious to our old friend "Sairey." Rule 16 interferes with the time honored privilege of the local midwife, as we know her in history and in fiction—that of laying out the dead, limiting her ministrations in this instance to her own victims. Of course, it is possible that the midwife as we picture her and the midwife as she really exists may be a vastly different person.

There is a great difference in the handling of the subject from our method of treating it. These British books are so very prone to a tremendously technical way of writing—there is such a bristling of long words, and to the ordinary simply educated person such a repetition of mystifying names for things that they contrast sharply with books of a like character written in this country. The books for nurses most popular with us, we may safely say, are those of Cooke and DeLee, both emi-

nently practical, either of them going thoroughly into the subject, but carrying along with the technical details, practical instruction for the nurse's benefit. A careful comparison of the English and American writer, gives, some way, the idea that the Englishman writes with a view to his own recreation, the American in order to teach nurses, so that he may find them efficient and ready to help him when he has need of their services.

It is comforting to reflect, that we are not victims to the necessity for relaxation, which a bachelor of science, with all the letters of the alphabet tailing after his name, feels can only be obviated by writing a book for us.

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**PRACTICAL TEXT-BOOK OF MIDWIFERY FOR NURSES.** By Robert Jardine, M.D., Edinburgh; M.R.C.S., England; F.F.P. and S., Glasgow; F.R.S., Edinburgh; Professor of Midwifery in St. Mungo's College, Glasgow; Senior Physician to the Glasgow Maternity Hospital, Glasgow; Examiner in Midwifery to the Scottish Conjoint Board; Formerly Examiner in Midwifery to the University of Glasgow; Late President of the Glasgow Obstetrical and Gynaecological Society; Author of Clinical Obstetrics, etc. London: Henry Kimpton Publishers. Chicago: W. T. Keener.

This branch of nursing seems to furnish a subject particularly tempting to pens of the men of our mother country, and while it is a subject which never fails to command attention and to claim interest, one wonders that there is room for so many text-books on the same subject, of equal caliber and as far as one may judge of equal value. The present volume, a third edition, is so much like others of its kind which have been reviewed in these pages as to lead to the mistaken impression that it has already been noticed. There is in this book, however, a certain characteristic personality which is quite its own. The author, in spite of his many degrees of scholarship, gossips like a veritable old wife at times and because he is Scotch, and he writes to the Scotch, he mentions some weird old superstitions that would never have survived in any other country than Scotland.

We are amazed also to read of the dearth of medical attention suffered by the people in the outlying islands of Scotland as shown in the following: "In the Island of St. Kilda, which lies off the west coast of Scotland, for many years nearly all the children born on the island died from tetanus, within a few days of birth. In 1896 the late Dr. G. A. Turner, of Glasgow, gave full instructions to the *missionary* on the

island how to apply an antiseptic dressing to the cord, and since then no children have suffered."

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SYLLABUS OF LECTURES ON HUMAN EMBRYOLOGY. An introduction to the Study of Obstetrics and Gynecology, for Medical Students and Practitioners. With a Glossary of Embryological Terms. By Walter Porter Manton, M.D. Professor of Clinical Gynecology and Professor Adjunct of Obstetrics in the Detroit College of Medicine; Fellow of the Zoological Society of London, of the Michigan Academy of Sciences, etc. Third Edition. Philadelphia: F. A. Davis Company, Publishers.

The title of this book is a very comprehensive review of its contents. The first eight chapters are devoted to the subject proper, the ninth and last being devoted to the details of laboratory work in connection with the study of embryology. The whole book is interleaved with blank pages for a student's notes. It bears upon it the marks of a student's (medical student's) book, but it is safe to predict that until nurses have one of their own this one will have many readers. The question of how much or how little we shall teach children about reproduction is one to be set aside until we know more of the subject ourselves, and for this knowledge we need literature of a kind that the present book indicates rather inadequately.



"NATURE is often moderately well satisfied with very imperfect obedience, and if it were not so, I do not know how the poor could live, nor how the district nurse would find courage to continue her struggles on their behalf. A child may be most unsuitably and improperly fed, but if it has abundant fresh air, sufficient clothing, and a cheerful environment it may nevertheless flourish; or it may be well fed and left entirely unwashed, but with plenty of exercise and occasional change of underlinen, it may yet grow and thrive. For this reason let the district nurse take courage if she can improve even one condition of her patients' lives, if she can introduce flannel shirts here, open windows there, nourishing food somewhere else, and cleanliness in yet another quarter."—*The Nursing Times*.

## CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON-GENERAL FOR  
THE MONTH ENDING FEBRUARY 12, 1907

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**BILLIANI, BERTHA**, transferred from Fort Bayard to General Hospital, Presidio of San Francisco, in time to sail for the Philippines, on the transport of May 6th, for duty in that Division.

**HANSON, ALMA C.**, graduate of Malden Hospital Training-school, Malden, Massachusetts, 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

**KENNEDY, EMILY**, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

**KROTHER, BERTHA M.**, recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

**LANGSTAFF, L. ELEANOR**, formerly on duty at Division Hospital, Manila, home on leave prior to discharge, at the expiration of three years' service.

**SANDERS, MINERVA A.**, recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

**SHEA, ANNIE M.**, transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard, New Mexico.

**WILLS, HARRIET ELSIE**, transferred from General Hospital, Presidio of San Francisco, to duty in the Philippines Division. Sailed May 6th.

**ZIEGLER, BARBARA**, transferred from General Hospital, Presidio of San Francisco, to General Hospital, Fort Bayard, New Mexico.



AN editorial in the March number of the *Australasian Nurses Journal* on The Responsibility of Nurses calls attention to a case of peculiar interest in New Zealand. A nurse who was in charge of a private hospital was tried for manslaughter because a newly-born infant in the hospital had died from neglect. The nurse was not well at the time, and an untrained nurse was acting in her place, but she was held responsible. While our laws are different, it is well for us all to heed the fact that any trained nurse, whether in a hospital or a home, is responsible for the patients or patient under her care and should not shift that responsibility save to an equally competent person.

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